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Chemist&Druggist
The Newsweekly for Pharmacy

13 September 2003

Prospect of another SGM warns SOS

Funding reply fails to appease Branch reps

CA finds public willing to pay for OTC brands

Photography–ignore digital at your peril


Get ready 4 QUATTRO™
WILKINSON SWORD

Editor
Charles Gladwin, *MRPharmS*
News Editor
Gary Paragpun, *MRPharmS*
Business Editor
Saša Jankovic
Clinical Editor
Fiona Salvage, *MRSC*
Contributing Editor
Adrienne de Mont, *FRPharmS*
Marketing Editor
Sarah Thackray
Production Editor
Fay Jones, *BA*
Group Production Sub Editor
Richard Coombs
Editorial secretary
Jan Powis
Editorial (tel): 01732 377487,
(fax): 01732 367065;
chemdrug@ cmpinformation.com
Price List
Colin Simpson (Controller),
Darren Larkin, Maria Locke
Price List (tel): 01732 377407
(fax): 01732 377559
Group Sales Manager
Quentin Soldan
Sales Manager
Mark Walley
Classified Executive
Debra Thackeray, *BA*
Advertisement secretary
Elaine Steele
Advertising (tel): 01732 377621;
(fax): 01732 377179
Projects and Price Service Manager
Patrick Grice, *MRPharmS*
Pharmacy Projects
Mary Prebble
01732 377269
Production
Katrina Avery
Publishing Director, Healthcare
Fergus Wilson

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C&D

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The Newsweekly for Pharmacy

Volume 260 No 6410
First published
September 15, 1859
ISSN 0009-3033

This week

Regulars

Pharmacy matters

Features

QUATTRO™

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4 precisely synchronised blades for our closest and smoothest shave ever.

2 conditioning strips that smooth the skin are infused with vitamin E and aloe vera.

New improved blade carrier for exceptional wash through.

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[1]Source: Information Resources 1998-2002.
[2]Source: Nielsen Bases 11, December 2002.

WILKINSON SWORD

Get Ready

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Chemist & Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter

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Regulars

Pharmacy

36

Features

PRACTICE

Concerns may force further SGM

by Gary Paragpuri
gparagpuri@cmpinformation.com

Pharmacists opposed to the Royal Pharmaceutical Society's modernisation agenda say they have not ruled out a further special general meeting of the RPSGB if their concerns are not addressed.

Save Our Society campaigners Mark Koziol, Graham Phillips and Maurice Hickey said another SGM remained a possibility if the Council did not take on board the SOS group's views.

These included a requirement to hold a referendum on the Society's final structure for Council; that the Society's assets and finances will be under the control of its membership arm; and a commitment to ensure that the SOS group's preferred two-board modernisation structure is embedded within the Charter.

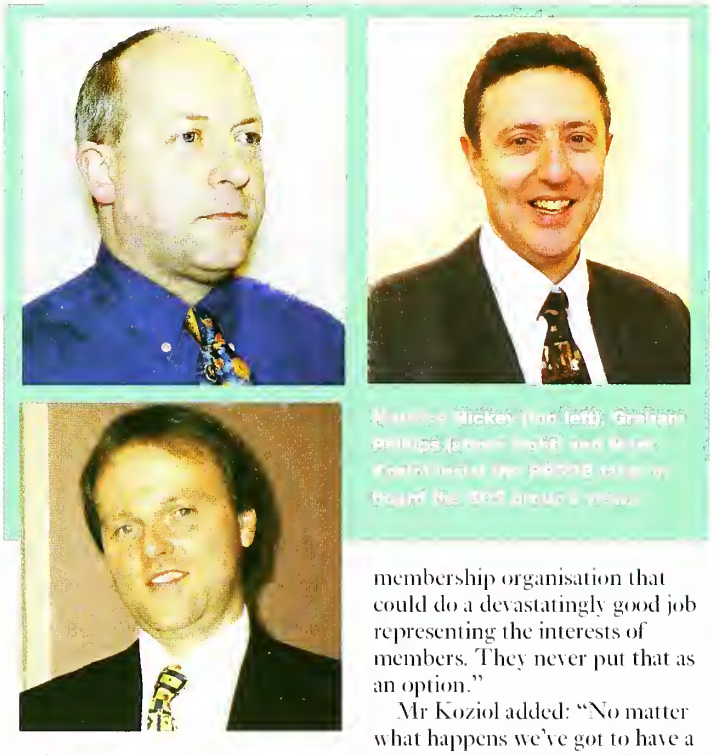
Furthermore, in a bid to strengthen the SOS group's influence, Mr Koziol said seven SOS supporters would seek election to the Council next year. Mr Hickey confirmed that the group was actively seeking candidates and was confident it could "place seven out of seven next year".

Turning to the modernisation model proposed by Clive Jackson in July (*C&D, July 19, p5*), which combined elements from both the Council's previously agreed model and those put forward by SOS campaigners, Mr Koziol, a former Council member, said it was "broadly acceptable".

However, rather than let the Society decide which of the two-boards – regulatory or professional leadership – proposed by Mr Jackson would be dominant, he called for the Society to let members put forward ways of how the two boards should work.

He warned that if the Society did not take on board members' views, there was a danger that "the very people who have been trying to push it down a regulatory route are going to give the two-board model a regulatory slant".

Over the past year, the SOS group has conducted a high profile campaign opposing the Society's modernisation agenda.



Maurice Hickey (far left), Graham Phillips (centre left) and Mark Koziol (centre right) want the RPSGB to take on board the SOS group's views

Its legal representative said the Society's draft Charter was not well drafted and offered an alternative view to that put forward by the Society's legal expert (*C&D, August 16, p4 & 16*). Furthermore, three pharmacists were elected to Council under the SOS banner and, at an SGM in June, members voted for the Society to abandon its modernisation proposals and adopt a two-board model instead.

However, Mr Koziol is concerned the Society is pressing ahead with its agenda despite the SOS campaign. "We are still broadly concerned that there doesn't appear to be a huge sea-change that was required after the [last] SGM."

He also dismissed concerns expressed by the Society that the Charter was at risk of becoming obsolete. "The Government could never take our membership body away from us; they couldn't take away Lambeth and all of our assets," he said.

"Even in the worst case scenario of the Government taking regulatory away, we would end up with a very, very wealthy membership organisation that could do a devastatingly good job representing the interests of members. They never put that as an option."

Mr Koziol added: "No matter what happens we've got to have a referendum at the end of it [on the final model for the Council's structure]. This is one of the points that was unanimously voted through at the SGM, and we're not going to let them off the hook with this one."

While Graham Phillips, said: "There will be a continuation of the campaign; the SGM was just one plank, Mike Scott's [the SOS legal representative] opinion is just another plank, and we're going to continue to keep the establishment under pressure.

"I can see that we're quite prepared to go to another SGM [albeit] very reluctantly because it is disrupting to keep doing that. I can contemplate circumstances in which we could get a vote of no confidence; I can even contemplate circumstances where we would be taking legal action. I can also contemplate circumstances where we go straight to the Privy Council and cry foul. All these things are options but none of them are preferred options."

The RPSGB is expected to provide an update on the modernisation process when modernisation steering group chairman Marshall Davies gives a presentation at next week's BPC.

RPSGB

RPSGB produces FAQ fact sheets

The Royal Pharmaceutical Society has produced a series of fact sheets for pharmacists covering areas of practice that are frequently the subject of queries to its legal and ethical information service.

The 12 fact sheets, which are available on the Society's website, include topics such as controlled drugs; export of medicines; unlicensed medicine use; advertising; prescription collection, delivery and repeat medication services; MDS labelling; dispensing errors and the Data Protection Act.

For more information:

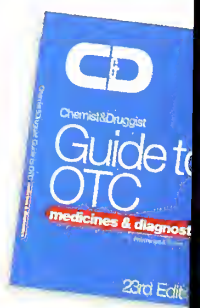
www.rpsgb.org.uk

C&D

New edition of Guide

The 23rd edition of the *Chemist & Druggist Guide to OTC Medicines & Diagnostics* is published with this week's issue of *C&D*.

Published every six months, the *Guide* has been revised with chapters grouped together in category related sections. Don't forget that the *Guide* now contains details on diagnostic equipment including blood glucose monitors, blood pressure meters and pregnancy tests, as well as over 40 chapters detailing licensed branded OTC products and herbal and homoeopathic preparations.



Additional copies are available priced £10 for subscribers and £15 for non-subscribers. Cheques made payable to 'Chemist & Druggist' should be sent to *C&D*, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Payment may also be made by credit card.

For further information contact Jan Powis on 01732 377487 or *chemdrug@cmpinformation.com*.

Branch reps vow further action on funding cuts

Pharmacists are vowing to continue lobbying on the issue of branch funding at the next branch representatives meeting in light of what they consider to be an unsatisfactory response from Council to their original concerns.

Earlier this year, pharmacists at the RPSGB's Branch Representatives meeting (*C&D, May 24, p14*) expressed anger at a £25,000 cut in the budget for branch grants.

However, in its response this week, Council reiterated its commitment to the branch and regional network and explained that the decision to reduce branch funding by £25,000 was taken in October 2002, following considerable under-spends by some branches. Rather than claw back unspent grant allocations, in March 2003, Council decided to earmark £25,000 for branches to fund meetings on the new Charter. This was taken up by 51 branches, which between them held 39 meetings.

At the beginning of 2003, the RPSGB also invited branch secretaries having difficulties with the new arrangements to contact the Society and added that, for 2004, it had been "proactively seeking a budget to develop membership activities".

Commenting on Council's response, John Gentle, Shropshire Branch, said: "What response? Council hasn't made a response. All it has done is reiterate the facts. A proper response would have taken in some of the anger at the meeting, and would have made some reference to the overwhelming support for this issue. No matter how they spin it, they are spending less money this year than last and, like Mrs Thatcher with her poll tax, Beverley Parkin [RPSGB public affairs director] is simply taking control back to the centre by dictating where branches have to spend their money.

"But, £25,000 is such a small amount compared to the profit made by the Society. I don't understand why Lambeth has been so insistent on this issue. This is particularly badly timed, given the current Charter debate about the Society's representational function and it wouldn't cost a great deal except pride. I just don't know why Lambeth doesn't throw us a bone."

The RPSGB Council has also responded to West Metropolitan branch's motion that "the Society should observe the modernisation principles agreed by the Young Pharmacists' Group, the NPA and the PSNC in any changes it recommends to the structure of the Society".

Council said work is now being carried out "as a priority to describe a credible and appropriate structure to support the full range of the Society's functions".

Responding to branch representatives' opposition to its proposal to hive off the RPSGB's publications activities to a separate company, Council said that RPSGB staff had been asked to submit a five-year business plan for the division and that this was not a prelude to its disposal.

Efexor is not for kids

by Fiona Salvage
fsalvage@cmpinformation.com

Healthcare professionals in the UK are being reminded that Efexor (venlafaxine) is not suitable for use in children under 18 in the current issue of *Current Problems in Pharmacovigilance*.

Doctors in the USA have already received a letter from manufacturer Wyeth warning that Efexor can cause suicidal thoughts in under-18s.

In a statement, the Medicines and Healthcare products Regulatory Agency said: "The paediatric clinical trial data for Efexor will be considered by the Committee on Safety of Medicines' expert working group on the safety of SSRIs this month, and the need for changes to the product information and further communication will be considered." Wyeth said it was not contacting UK doctors about the findings because Efexor is not licensed for under-18s in the UK.

For more information:

www.mhra.gov.uk

Don't bin your BNFs

AAH Pharmaceuticals will be collecting copies of the 44th (green) and 45th (cerise) editions of the *BNF* from pharmacies in the week prior to November 10 for PharmAid's local reps to distribute to healthcare professionals in the developing world.

For more information:

Kay Collings Tel: 02476 432453.

Pharmacy Update

Pharmacy Update registrants who entered answers for module 1279 prior to 10am on September 8 may have had their scores misrepresented due to a technical error. All such scores have been cleared and registrants should now re-enter answers to this module.

For more information:

Mary Prebble
Tel: 01732 377269.

Coventry's pharmacists pass health scrutiny test

by Gary Paragpuri
gparagpuri@cmpinformation.com

One of the first local councils in the country to use a new legal power to inspect the work of NHS bodies and pharmaceutical services has highlighted the importance of pharmacists to the health of its residents.

Using powers prescribed by the *Health and Social Care Act 2001*, Coventry City Council's health overview and scrutiny committee investigated the impact of current Government initiatives on community pharmacy and, in its draft report, highlighted how pharmacists' skills could "best be harnessed so they can play a full role in the front line of primary healthcare".

Health scrutiny committee chairman Andy Matchett said: "Coventry is well served by its pharmacists, but they face a challenging future. The prospect of partial deregulation, coupled with the negotiation of a new pharmacy contract, will shape debates at the national level and directly affect pharmacies all across the country."

He added: "The role of the Health Scrutiny Board is to consider all these issues and make recommendations to the decision-making bodies that must chart a course through the complex times ahead."

The draft report, due to be considered by the Health Scrutiny Board this week before being presented to Coventry City Council, said: "Pharmacists are being encouraged to take a greater role in primary healthcare provision. However, pharmacists are also business people as well as healthcare providers.

"It is therefore important that the Government nationally and the primary care trust locally give serious thought to what impact proposed new policies will have on the ability of pharmacists to both deliver new services and yet still run successful businesses."

Although the recommendations made in the report (*see box below*) are not binding on the Council and the PCT, both are obliged to respond to the report.

Report recommendations

The draft report made 20 recommendations to Coventry PCT and the city's Council as to how they can best manage community pharmacy services. These include:

- Considering the role community pharmacies play in sustaining local economies.
- Considering how pharmacists can be adequately represented in the Local Strategic Partnership.
- Promoting community pharmacists' role as patients' first point of contact with the NHS.
- Introducing a scheme to allow community pharmacists to develop networks to support patients with chronic conditions such as diabetes and epilepsy.
- Ensuring pharmacists are adequately involved in the local LIFT scheme and that this scheme does not reduce access to or jeopardise the development of community pharmacy.
- Coventry PCT should ensure that the full and prescribed range of services required for the proposed exemptions to control of entry complements, rather than undermines, existing community pharmacies.
- Coventry Council and its PCT should advise the DTI that its proposed review of deregulation in three years' time creates excessive uncertainty and undermines community pharmacists' ability to develop their businesses.

WALES

Welsh health inequality scheme gets thumbs up

A £150,000 pilot scheme to address health inequalities in Wales was launched this week by Jane Hutt, Wales's minister for health.

The scheme is being piloted in three local health board areas – Denbighshire, Camarthenshire and Cardiff. It provides grants to healthcare professionals to help them to work together in finding ways of identifying and addressing factors affecting patient health.

Andrea Robinson, RPSGB's Welsh Executive chairman, added: "This venture presents an excellent example of an area where pharmacy development groups could potentially work in a multidisciplinary environment to develop local initiative".

Community Pharmacy Wales's chief executive Peter Jones, who also welcomed the initiative, said: "Community Pharmacy Wales is actively looking at ways that community pharmacy can be involved in the programme."

Carwen Wynne-Howells, Wales's chief pharmaceutical adviser, also praised the scheme: "We welcome the opportunity for pharmacists to look at developing new services to address the needs of patients in the three localities identified."

Meanwhile, York University has won a bid to run one of the nine public health observatories involved in the health inequalities programme.

For more information:
www.wales.gov.uk

Questiontime

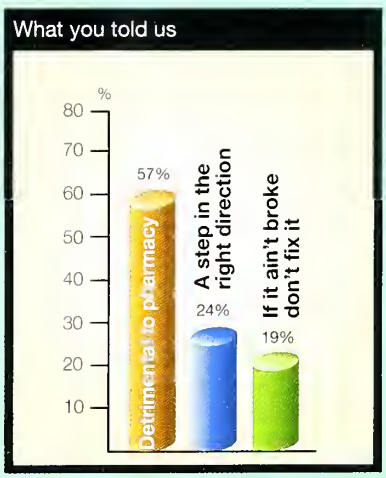
Sponsored by UniChem

Last week we asked you: How do you rate the Government's proposals for the new arrangements for supply of generic medicines? You replied (see right):

This week's question: In light of the Consumers Association's latest report, what is your preference for OTC medicines?

- Mainly brands
- Mainly branded generics
- Mainly generics
- No preference

You can record your vote on our website: *www.dotpharmacy.com*. You have until noon on September 16 to cast your vote. We will publish the results in *C&D* September 20.



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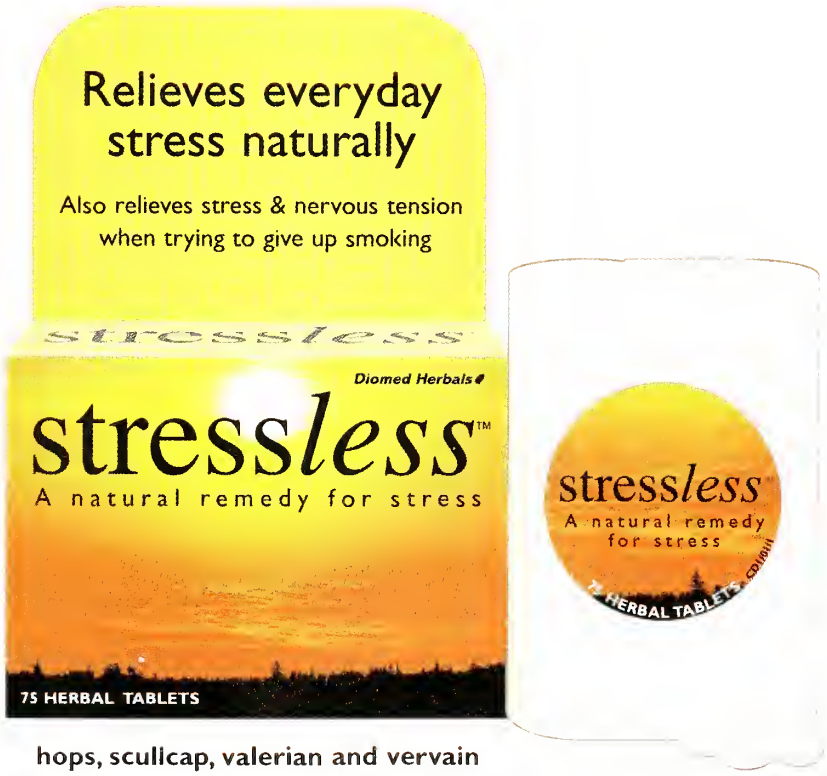

hops, sculicap, valerian and vervain

- Stress*less* is a natural remedy for everyday stress
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- National advertising campaign

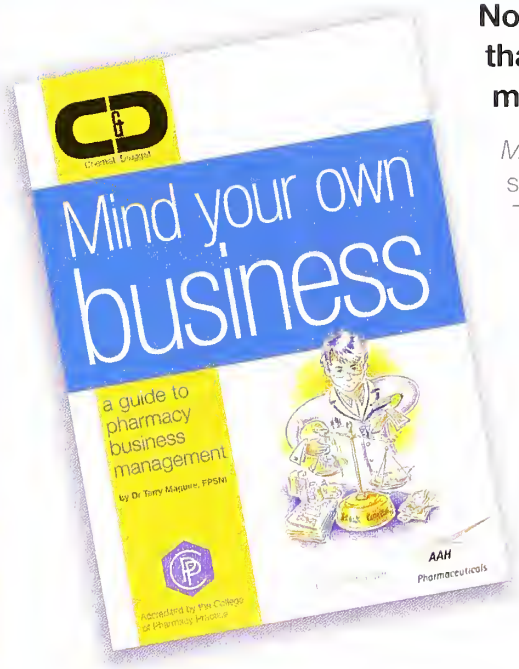
Relieves everyday stress naturally

STRESSLESS Trademark and Product Licence held by Diomed Herbals, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Directions:** To be taken by mouth Adults and elderly: Two tablets three times a day. In severe cases three tablets three times a day for two weeks, then two tablets three times a day Children 8-12: One tablet twice a day at the discretion of the practitioner For smoking withdrawal: Three tablets three times a day Do not exceed the stated dose. **Indications:** A herbal remedy traditionally used for stress and nervous tension associated with the changing demands of modern life. Also provides progressive relief of mild anxiety, and relieves nervous strain while giving up smoking **Contra-indications:** Not to be used if sensitive to any of the ingredients Not to be used during pregnancy or lactation. Not to be taken by children under 8 years **Legal category:** GSL **Packs:** Stressless (PL 17418/0002) – 75 Tablets, RSP £5.95 (£5.06 excluding VAT)

A DIOMED PRODUCT

FREE with next week's issue of C&D

Mind your own business



No, we're not being rude but we are letting you know that next week we will be publishing a new business management book for all our subscribers.

Mind Your Own Business contains the complete and unabridged series of 'Business Matters' articles written by pharmacist Dr Terry Maguire which have run in *C&D* over the past year. In the book, Dr Maguire expands on each of the 10 subject areas to provide anyone involved in running a pharmacy business with advice on management techniques and style, as well as some practical tips to make your business work better.

Sponsored by AAH Pharmaceuticals and Vantage Pharmacy, *Mind Your Own Business* has been accredited by the College of Pharmacy Practice as an appropriate tool for continuing professional development. And, to help subscribers reap the benefits of the advice contained in the book, *C&D* will be offering a CPD registration service.

Extra copies will be available at £12.99.

Supported by: AAH Pharmaceuticals · VANTAGE pharmacy

Here's what a couple of reviewers have to say about the book:

"All pharmacists will benefit from reading this book, not just those contemplating purchasing a community pharmacy ... Terry Maguire unusually combines a good business acumen with academic flair. His book, written in his usual easy style, traces much of his own history in Belfast through the 1980s and 1990s. All chapters, even the one on managing stock, have a much wider application than just those required for managing a business."

Dr David Temple, Director of the Welsh Centre for Postgraduate Pharmaceutical Education, Cardiff University

"As accredited learning material, and as part of every pharmacy manager's continuous professional development, Mind Your Own Business should be seen as a key reference for any pharmacist – a book to be dipped into and referred back to as and when required."

Steve Dunn, Group Managing Director, AAH Pharmaceuticals, Chairman of the British Association of Pharmaceutical Wholesalers

For more details contact Mary Prebble on 01732 377269 or
chemdrug@cmpinformation.com

Contract update

PSNC's weekly update on the new pharmacy contract.

What are the details of a service in the proposed structure of the contract?

Dispensing: supply of medicine or appliance; advice to patient about the medicines being dispensed; advice about possible interactions; recording medicines dispensed and possibly advice provided; providing compliance aids needed by disabled patients.
Repeat dispensing: ascertaining the patient need for a repeat supply of a medicine; pharmacist given the ability to change the quantity of medication supplied to allow synchronisation of patient's regimen; dose optimisation – the ability to substitute with a higher strength variant; communicating all significant issues to the prescriber with suggestions on medication changes as appropriate, with the full involvement of the patient; educate patients about re-ordering of repeat medication; pharmacist to advise when a review is due.
Signposting patients to other healthcare professionals: pharmacist and staff would refer patients to other healthcare professionals when appropriate.
Clinical governance: standard operating procedures; adverse incident reporting to NPSA; demonstrating evidence of pharmacist CPD; service audits and patient questionnaires; intervention monitoring.
Public health – healthy lifestyle promotion: one to one counselling on smoking cessation and CHD risk factors; promotion of 'flu vaccination uptake; educating the public on appropriate use of antibiotics; prompting patients with diabetes to ensure blood glucose and blood pressure monitoring is done.
Medication waste disposal: collection of unwanted medicines via pharmacies; service standards/ accreditation would apply to disposal companies; special arrangements may apply to Controlled Drugs (post Shipman Inquiry);
Sharps disposal (possible service): collection of sharps via pharmacies.

For further information please visit *www.psnc.org.uk/contract*

Employee defence group launched

Defending the interests of employees and locums is the aim of the Pharmacists' Defence Association (PDA), which launches next week at the British Pharmaceutical Conference.

Positioned as a free, add-on service to pharmacists insured with the Pharmacy Insurance Agency (PIA), the PDA aims to provide pharmacists with support and information designed to help them manage risks and defend their reputation.

Mark Koziol, a director of the PIA and the PDA, said: "If somebody's got a serious disciplinary issue at work, who are they going to talk to for advice? Are they going to turn to their employer when they've got a dispute with their employer? Are they going to turn to the NPA, which is an employer organisation? No they're not."

He added: "There is no organisation that solely looks after the interests of employees and locums in the community."

The PDA professional support programme takes the form of an advisory board, comprising experts on ethical, professional and legal issues, employer/ employee issues and risk management, a 24-hour legal helpline and mentors, who are available to accompany pharmacists during interviews with Society inspectors.

Its information network includes a website and magazine, and workforce surveys on issues such as workload, staffing levels, rest breaks and the link to patient safety. These will be used to influence the professional, ethical and work agenda, said Mr Koziol.

For more information:
www.the-pda.org
E-mail: *enquiries@the-pda.org*
Tel: 0121 694 7000.

Roche CoaguChek recall

Roche is recalling lot 583 of its CoaguChek PT test strips (12 strip pack) due to an increased risk of falsely high INR results.

The medical device alert from the MHRA has requested pharmacists to:

- identify patients who have been supplied with the Roche test strips since July 29, 2003
- contact patients and alert them to the problem and advise them to check the lot number on strips
- advise patients who have used strips from the affected lot to repeat the blood test using a new batch of test strips. If the repeat test is outside their therapeutic range, they should seek an appointment with their anticoagulant service provider, taking the test strips and packaging with them.

Roche will provide free replacements for customer returns and remaining stock. The affected products carry the catalogue number: 1937634-190.

Bayer seeks GSL for Canestan Combi

Bayer has applied to the Medicine and Healthcare products Regulatory Agency for a reclassification of Canestan Combi from P to GSL.

Bayer's rationale for the ARMH reclassification of its Canestan Combi (clotrimazole pessary 500mg and clotrimazole cream two per cent) is that it is an established product, its hazard to health is low and the wider availability GSL would offer is beneficial to the consumer. The company also claims that the risk of misuse is minimal, because the product is for use by women who have a prior medical diagnosis of candidal vulvitis. Bayer adds that there is no evidence of increased availability of antifungal agents causing resistance.

Send comments by October 21 to Amanda Lawrence, DoH, Medicine and Healthcare products Regulatory Agency, Room 14-152 Market Towers, 1 Nine Elms Lane, London SW8 5NQ.

Report says people trust branded OTC drugs more

by Sasa Janković
sjankovic@cmpinformation.com

Consumers are willing to pay up to eight times more for branded OTC medicines because they trust them more, a report by the Consumers Association has found.

Tim Young, author of the report in the September issue of *Which?* magazine, said: "We found most people opt for expensive branded remedies and people's buying decisions were influenced more by claims than price."

The report compares prices on a range of common OTC medicines. It found, for example, that paracetamol, available as Panadol for £1.85 for 16 tablets, can also be bought in Superdrug as 16 tablets for 35p, 16 Sainsbury's own-brand for 26p, and 16 Galpharm paracetamol for 23p. All contain the same amount of active ingredient per tablet.

It also looked at cetirizine, an antihistamine sold under the brand names Benadryl and Zirtek. A packet of 30 Zirtek tablets costs £14.95, while 30 generic cetirizine tablets of the same strength cost just £4.99.

"Between half and two thirds of people in our survey opted for the branded remedy, even though the cheaper generics contained exactly the same active ingredients," said Mr Young. "Their reasons highlight some common views and misconceptions. Several people told us they had seen the branded products advertised widely, so were more likely to believe that they would work effectively.

"Some people pointed to the 'cheap' looking nature of the generic drugs, and questioned whether they could be the same quality as the pricier brands.

"Only 39 of our 100 shoppers noticed that the drugs we showed them were effectively the same, and only 33 were aware of the term generic medicines."

Despite this, Mr Young's message to consumers is: "Of course, it doesn't matter what it says on the box: if the active ingredient is the same, a generic should work just as well. There's little reason not to choose a generic, except in the rare case that you're allergic to one of its ingredients."

The PAGB however, said products do differ, depending on how bioavailable the active ingredient is. PAGB spokesperson Dr Diane MacArthur said: "Several factors that can affect bioavailability include whether a product is a cream, spray or a tablet, other ingredients in the medicine or even things like the particle size of a tablet. Finally, a person's own genetics and physiology can also influence how well a drug is absorbed.

"Branded medicines often offer a wider range of product forms and variety to meet more people's specific preferences and needs, based on a much stronger R&D programme.

"The importance of cost versus the added benefits a person receives from a particular product is the individual's own choice."

For more information:
www.which.co.uk

Failure to patent can waste ideas

Pharmaceutical businesses are still failing to capture ideas for commercial gain, according to a study by patent and trade mark attorneys Marks & Clerk.

While most pharmaceutical companies are keen to protect new product ideas, the research found only 57 per cent of those surveyed would apply for a patent to do so. However, 20 per cent aim to keep their inventions secret for as long as possible and 5 per cent of directors said they would do nothing.

Tim Andrews, partner at Marks & Clerk, said: "Without the protection of a patent, competitors in other countries as well as the UK can capitalise on inventions. If I was in possession of valuable intellectual property, I know which option would help me to sleep better."

For more information:
www.marks-clerk.com

RETAILING

Mawdsleys' helping hand

Prestwich Pharmacy, near Bury, has moved with the help of Mawdsleys, which supplied a van, a driver and 300 boxes.

Director Fin McCaul has worked in the pharmacy in the Longfield Centre for the past 15 years, but the centre is now being redeveloped to house seven retail units and some flats.

The last shop to relocate, Prestwich Pharmacy is now just 200 yards away in a purpose built temporary unit on Fairfax Road.

Said Mr McCaul: "Although this is only a temporary unit, it is so much better than our previous building. It covers 2,500sq ft and customers tell us that they are really pleased with the new look. With the same staff and level of service, we now have the added bonus of a private consultation room, and better parking and access for customers."

The shop was officially opened by the Mayor of Bury, Councillor Wilfrid Davison, and Mayoress, Mrs Maureen Davison.

Mark Brockhouse, northern regional sales manager for Mawdsleys, said: "We provide a one-stop shop service for pharmacists, even if that includes our van and driver. This was such a huge project that we wanted to make sure that it went as smoothly as possible for Fin and his staff."

From the left: Fin McCaul, Wilfrid Davison, Mark Brockhouse and Maureen Davison

Zimmer seeking backbone

Zimmer's £1.96 billion acquisition of hip and knee manufacturer Centrepulse has not sated the Swiss orthopaedics specialist, which is now on the lookout for takeover targets in the spinal surgery sector. With some 120 small companies in the market, Zimmer is looking to boost its position with a £25m-£40m bolt on.

Rowlands' shelf barkers

Rowlands has introduced category advice barkers to enhance the display of products for specific complaints such as hayfever and allergies. The CABs also carry 'tick' stickers for certain GSL products, urging patients to look out for products marked this way.

Bankruptcy hotline

The Government is cracking down on dodgy directors and undischarged bankrupts who deliberately flout disqualification orders by urging members of the public to call a 24-hour hotline 0845 6013546 if they believe anyone is breaching a disqualification order.

Consumer and Competition Minister Melanie Johnson said: "I want there to be no hiding place for unscrupulous directors and undischarged bankrupts who try to cheat the system."

New Jencons catalogue

Jencons-PLS has a new edition of its directory of laboratory and capital equipment, consumables and disposables. Fifty per cent of all the products listed are included for the first time. For a copy e-mail *marketing@jencons.co.uk*.

INDUSTRY

New business director for CoMedis.com

by Sasa Janković
sjankovic@cmpinformation.com

CoMedis.com has appointed Peter Skinner as its new business director, responsible for driving the e-commerce venture forward by recruiting new manufacturer subscribers.

He will also be charged with developing and putting into place a new marketing development programme for 2004, including building up the pharmacy user base and facilitating further links with pharmacy wholesalers

Mr Skinner has over 20 years' experience within retail pharmacy and the OTC industry, including buying and marketing posts at Boots, Kingswood, Superdrug and UniChem.

He said: "I am delighted to be joining CoMedis.com at a time when the business is poised to expand rapidly within the retail pharmacy market. As well as offering a new, convenient business facility for independent pharmacists, CoMedis.com is set to provide significant business opportunities for wholesalers and manufacturers. One of my first tasks will be to launch a marketing campaign highlighting the availability and identity of CoMedis.com. I will be looking at how CoMedis.com can help independent pharmacists in particular to ensure they manage their OTC business efficiently, therefore providing the extra time they need to develop their healthcare business."

Peter Skinner: particularly keen to help independent pharmacists

Commenting on Mr Skinner's appointment, CoMedis.com chairman Mike Owen said: "CoMedis.com is delighted to welcome Peter. His strong industry experience and management abilities will be invaluable for driving the service forward, which in turn will benefit the whole of the OTC industry."

For more information:
www.comedis.com

INDUSTRY

Numark adds to development team

Numark has recruited a further three business development managers to provide business support and advice to its member pharmacies.

The new managers will be joining the existing team of four and will be responsible for supporting and expanding Numark membership in the North West, East Anglia and South West – meaning over 75 per cent of the country will be covered by the team.

Mayur Lakhani, who will look after the East Anglia region, joins Numark from Ceuta Healthcare and has been in the wholesale pharmacy business for 22 years.

From left: Mayur Lakhani, Sarah Hudd and Simon Brigg

Sarah Hudd, business development manager for the South West, was a business development manager for pharmacy wholesaler Trident Enterprise since 1999.

Simon Brigg, the new manager for the North West, has an independent retail background, having worked for BestWay Cash and Carry and UK Petroleum.

Numark is hoping the team will boost its success, and recently carried out a survey among Numark pharmacists, which indicated that over 95 per cent of members who had a business development manager found them an important source of information and valued their help on a variety of business issues.

For more information:
www.numarkpharmacists.com

INDUSTRY

P&G completes Wella share buy

by Sasa Janković
sjankovic@cmpinformation.com

Procter & Gamble has become the majority shareholder in Wella AG, now owning 98.1 per cent of its voting shares and 79.2 per cent of total company shares for a purchase price of £3.27 billion.

Wella will continue to be a legally independent and publicly listed stock corporation and all agreements with consumers, business partners, distributors and suppliers remain valid.

Heiner Gürtler remains chairman of the Wella board and will serve as a president on Procter & Gamble's Global Leadership Council, where he will represent the Clairol and Wella Professional businesses and Cosmopolitan Cosmetics.

An upbeat Mr Gürtler said: "With the support of Procter & Gamble and the expertise of Wella, we can become the global leader in the beauty business."

INDUSTRY

Staff changes at Boehringer

Boehringer Ingelheim Consumer Health UK has restructured its consumer healthcare team in a bid to double its business by 2005.

The division has been reorganised into multi-functional category groups, which the company says will enable it to work more closely with customers.

David Wright, director, said: "Working this way on a trial basis has already resulted in a 22 per cent increase in sales for the first six months of 2003."

The CHC division now consists of two category groups: OTC, including potential new switches, and Natural Health, and is led by category directors.

David Wright: the changes should result in more business by 2005

The restructure has resulted in three new appointments as well as internal moves.

Neil Murphy fills the new role of sales director, moving from the group sales director position at Ceuta Healthcare. He has also worked for Gilette, Kodak, and Boots Healthcare International.

Steve Thomas has left Bayer to take over the position of sector head for distributors, wholesalers and convenience retail.

The job of business analyst within the Natural Health category team has been taken by Selina Knapp, who joins from IRI Infoscan, and John Pritchett joins from Superdrug where he was a senior buyer for OTC products, to become customer marketing manager within the OTC category team.

Internal moves see Andy Brough becoming OTC category director, Lyndon Beardsley being appointed sector head for retail, and Nick Ozminskyj taking on the role of customer marketing manager in the Natural Health category.

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Comment from the Editor

The BPC is a time to take stock for pharmacy. Recently, the profession has faced many difficulties and has seen the members becoming more vocal than for many years.

In this BPC week there may be a feeling that much of the concern is directed at the Society. But don't overlook the OFT and Government's handling of its response on control of entry, as well as the contract.

All have seen pharmacists increasing their visibility in the national and political firmaments. But it is the strength of feeling over the way the Society has been responding to the challenges being set by a modernising Government that could taint the annual meeting in Harrogate.

Broadsides are still being fired, but surely it is a sign of a healthy profession that so many have such strong feelings and are prepared to take part in the debate? To be fair to Lambeth, it has been unable to respond because of it being in consultation period 'purdah'. However, it can be expected that Lambeth will use BPC to set out its considered response.

But perhaps there is also a role for attendees. Government is driving this agenda for change, both in the NHS and in the regulation of professions. Health minister Rosie Winterton is scheduled to speak on Wednesday. Would pharmacists be prepared to impress upon the minister their feelings for the reforms, for Conference to express its views – if it sees fit – in a way other than polite applause?

Maybe pharmacy can take note of what the doctors and nurses, trade unions and political parties do – that is, use conference for genuine decision making. BPC could move to a forum where delegates speak from the floor and votes are taken – a sort of AGM or Branch Reps Meeting but with oomph.

Use this opportunity to impress upon the minister your feelings for the reforms

Yourviews

Gavin Miller and Mike Embrey express the views of the Save Our Society Campaign

How much has Lambeth listened?

The British Pharmaceutical Conference at Harrogate will be an opportunity for Gill Hawksworth, the Society's president, to demonstrate that she is a listening president.

Few people doubt that she is listening to the many pharmacists who are determined to preserve the Society's chartered objects and its role as a professional representative body. But does she have a listening Council, and will the Council, led by its president, stand up for the members and the fundamental purpose for which the Society was founded?

Members made their views clear by electing supporters of the Save Our Society (SOS) campaign to the Council in May, and SOS will field candidates for next year's elections. It will also invite all Council members standing for re-election to state if they support the SOS campaign.

June's SGM left Council and the staff at Lambeth in no doubt as to the membership's wishes. Hundreds of members protested at the Society's modernisation proposals and draft new Charter.

Members will no longer be hoodwinked by the Society's main argument, their 'expert legal opinion', which has since been shattered by the expert and persuasive opinion of SOS's expert legal adviser Mike Scott (*C&D August 16, p14*). What, now, is left?

There are dark mutterings among some pharmacists that the real obstacle to those who want to protect the Society's role as a professional representative body is not the Council, but a few members of staff. They are unwilling to see their work to convert the Society into a solely regulatory body go to waste. They argue that their newly structured body, restructured to make its regulatory role dominant and the professional role subservient, would be able to carry out both roles as it saw fit.

Well, Society staff are paid by the Society and so ultimately by the members. They have no doubt put a great deal of work into formulating their proposals, but they got them wrong. Perhaps they did not ask the right questions at the beginning of their work, perhaps those who direct their work misled them. Whatever the reason, the members do not want their solution.

The "model" new Charter relegated what is a duty – to protect members' interests in the practice of the profession of pharmacy – into a power. Nobody can seriously argue that this is not a fundamental change. We need a Society that is obliged to look after the interests of members, the purpose for which it was founded. Yes this will often, almost always, be compatible with the public interest, but the two are not identical.

What do the members want? We are happy that the Society continues to be both our professional body and the regulator. We accept the need for changes to increase lay involvement in regulation. The two-board approach as suggested by the SOS campaign does this. SOS has, quite deliberately, not put a single complete solution on the table. The size of the new professional Council, the size and composition of the regulatory body and overlapping membership are all issues for debate and consultation.

The BPC is an opportunity for the president and the Council to take forward that debate and consultation. SOS has shown it is willing to work with them, or against them if necessary, but it will not capitulate on its essential demand – the members. The Society is, and must always be, for the members.

HOSPITAL REPORT

Agenda for headache

Just when you thought things couldn't get any more confusing, a spanner is thrown in the works of *Agenda For Change*. The first vote on the package agreed to early implementers trying it out in England. No trusts in Scotland or Wales were to be involved.

However, Scotland decided to have four "virtual" early implementers who would implement the package on paper. No contractual changes would be made until October 2004, but it would allow NHS Scotland to see if there were any Scottish dimensions which would not be properly addressed by the early implementers in England.

Now, the Scottish Executive Health Department has decided there should be job evaluations carried out for hospital and primary care pharmacy staff in Scotland. These would be jobs already being evaluated south of the border and would feed into the system in the hope of identifying any Scottish pharmacy dimension.

The biggest concern is that anyone taking part ... must be properly trained

I am not convinced there is one, though. Certainly as far as hospital pharmacy is concerned. There may be disparity between the grades given for comparable duties in Inverness and London, but the actual work is likely to be very similar. Surely manufacture of an intravenous infusion is going to be much the same whether it takes place in Lewisham or Leeds?

The biggest concern is that anyone taking part in the evaluation must be properly trained. The questionnaire is 38 pages long and takes about six hours to complete for an average job. If not completed properly, it could seriously undermine efforts elsewhere in the UK. In addition, since staff would not agree such a flawed evaluation, it would be a monumental waste of time.

Written by a senior hospital pharmacist

TOPICAL REFLECTIONS

A loopy approach to controlling entry

I am amazed that the Government has proposed specific relaxations to the control of entry regulations without tightly defining the governing parameters. Instead they have asked me to identify the loopholes and then suggest a solution.

This is a very dangerous way forward. The Government has already accepted by virtue of the consultation questions that, *de facto*, their proposals are flawed yet they are still prepared to forge ahead regardless of the consequences.

I am particularly concerned over the development of one-stop primary care centres. Any large surgery with delusions of grandeur could satisfy the present criteria so I am now asked what safeguards I would propose to prevent a threat to my livelihood by my local surgery opening its own pharmacy. My opinion, given the present geographical distribution of pharmacies, that there is no need for a pharmacy in the surgery is irrelevant to the discussion.

In the face of such ideological obduracy I have no choice but to suggest safeguards and the primary protection must be the prevention of any financial interest by the owners of the building or the practising doctors in the pharmacy. A consortium must be given priority and the rent charged must be directly proportional to the floor area used and the independently assessed rental that could be achieved for the whole building used as a one-stop primary care centre.

Then there is the onus on objectors to an application for a new contract to justify their own vulnerability to competition. This will certainly encourage entrepreneurial applications but it will be the responsibility of individual Primary Care Trusts to assess the criteria of 'sustainability'. A faceless committee minutely examining my predicted profit and loss account for different scenarios of competition is not my idea of equity and is closer to a lottery than rational control of entry.

The onus of proof must lay both ways. The new applicant must be able to identify the deficiency of service that increased competition will address and, in order to assess 'sustainability', nationally agreed base line guidance for financially viable NHS pharmaceutical contracts must be available to all PCTs. A robust appeal procedure must also be established. Local decision making to serve local need is a Utopian dream that frequently founders on the rocks of vested interest.

The consultation document has been published. All community pharmacists have no choice but to reply. But I fear that most of the decisions have already been taken. It is the hidden agenda of community pharmacy still perceived by the Department of Health as shopkeepers' rather than true health professionals that is the driver of this Government policy.

Somebody pass the tissues, please

I could weep for Ray Hodgkinson, director-general of the British Healthcare Trades Association, and all those appliance contractors he represents. In his alternative view on appliance supply (*C&D September 6, p13*) he, hand on heart, asserts that it is only through the benevolence of appliance contractors funding stoma nurses over and above the remuneration received for supplying appliances through the NHS that this essential service is maintained.

That stoma nurses are the only major commercially sponsored group of specialist nurses working in the NHS is ignored, as is any other substantive reference to the advantages of the present remunerative system in providing improved healthcare to the patient. He patronises community pharmacists and suggests that we are incapable of providing a similar quality of service to that of his dedicated members. He also conveniently ignores the conflict of interest that must be an inherent part of influencing decisions when advice is provided by sponsored stoma nurses.

If this is the BHTA case it is badly made. Specialist stoma nurses are essential to the welfare of stoma patients but they can never give genuine objective advice while they are dependent for their salary on the company that supplies their patients with appliances. They should be trained and paid for by the NHS from the differential monies currently paid to appliance contractors. Only then can they properly advise their patients to utilise the service of the supply professional that best suits their needs.

Report FIP conference

A new contract for pharmacy and society

Steven Kayne reports from the International Pharmaceutical Federation (FIP) at the Darling Harbour Convention Centre in Sydney

FIP president Jean Parrot (France) has called on pharmacists to become more involved in the "therapeutic education" of patients.

In his presidential address, he referred to the theme of the congress, developing a new contract between pharmacy and society (risk management and improving outcomes). He said there would be several key factors influencing pharmacy in the next few years.

First and foremost was the ever advancing technology of drug treatment that would cause healthcare to focus on individual patients. He stressed the need for pharmacists to be sensitive to patients' opinions, lifestyle and personal choices and to contribute to what he called their "therapeutic education". Patients' participation was vital to ensure optimal therapeutic impact.

Secondly there was likely to be an increased involvement in the battle against the "great scourges" of tobacco addiction, alcoholism and drug abuse. A major initiative on smoking cessation was being discussed within FIP.

Thirdly, the future course of pharmacists' activities would be influenced by the effects of globalisation. Mr Parrot told the audience that disease and epidemics have never been less constrained by national borders, citing the recent SARS epidemic as an example.

During the congress, symposia explored how pharmacists could:

- achieve a reduction in risks and an improvement in results
- better meet quality objectives
- understand the implication of "patient centred practice"
- improve relations between the health professions to develop better integrated care.

The subject of drug related morbidity and mortality are serious and costly problems for patients, healthcare professionals and society and it formed a major theme for discussion at the Congress.

Speaking about herb-medicine interactions, Professor Peter Houghton (King's College London) said it was difficult to have precise knowledge on how many of the general population regularly took herbal or traditional products concurrently with conventional medicines. In addition, as well as prescribed medication, large numbers of people self-treat with OTC products.

Various surveys from the UK, USA and Germany had indicated that 20-40 per cent of the population take herbal products at least once a year, in Australia it was as high as 70 per cent. The potential for interactions was therefore great. Professor Houghton said interactions were of two types – those where the effect of the conventional medicine was exaggerated, leading to possible toxicity, and those involving a contradictory effect, thus reducing or eliminating the desired effect. Pharmacists had an important role in identifying and reporting potential interactions.

The role of pharmacists during the SARS epidemic was outlined by Sylvia Beth, a hospital pharmacist in Singapore. She said that working with protective clothing and masks when dealing with in-patients was extremely uncomfortable, but necessary. Hospital staff were obliged to record their temperature three times a day.

Pharmacists were involved in providing information on disinfectants and tracking data for SARS patients as well as normal dispensing duties and optimising drug therapy.

Community pharmacists played an important part in providing enhanced services to supplement the decreased access to hospital out-patient clinics and repeat medication. They also provided counselling and advice on hygiene, including how to use thermometers and hand washing.

Clients seeking OTC antipyretics were questioned as to their movements prior to feeling unwell and referred if appropriate. Community pharmacists did not wear masks so as to encourage the perception that the pharmacy was safe.

The effectiveness of face masks in controlling the spread of infection was discussed. It was agreed that the measure was probably unnecessary as far as th[e] population in general was concerned, although it might confer some psychological benefits and reduce concern. For those in direct or potential contac[t] with patients it was vital. There could be a case for patients to wear them if they were coughing while waiting in surgeries.

In a presentation entitled 'Tru[st] us, we're registered', Philip Green, deputy secretary and registrar at the RPSGB, discuss[ed] public accountability. He concluded that delivering effective, workable, modern regulation while still retaining th[e] confidence of the public and support of colleagues in pharmacy was a major challenge

[illegible] Harbour Convention Centre, Sydney, venue for FIP

[illegible] Service Division manager [illegible] Edinburgh) with young [illegible] student [illegible]chlan Rose (Sydney)

What is the only OTC treatment for mild external ear infections

Mild external ear infections are a common problem with 9% of the population suffering symptoms such as itching, redness and slight discomfort of the ear.[1] EarCalm Spray is the only treatment you can recommend for mild external ear infections; early treatment may help prevent the infections progressing and so help avoid unnecessary GP visits[2,3]. Its active ingredient, acetic acid, is both antibacterial and antifungal.[2,3] And because it's a spray, it's convenient, easy to use and gives better coverage of the ear surfaces,[2,3] compared to drops so aiding patient compliance.[4]

EarCalm SPRAY
acetic acid

EarCalm. A simple solution.

Product Information. Presentation: Non-pressurised pump action aerosol spray containing glacial acetic acid Ph. Eur. 2.0% w/w as a milky, particle free mobile liquid. **Uses:** Treatment of superficial infections of the external auditory canal. **Dosage and Administration:** Adults, children over 12 years and the elderly: One metered dose (60mg, 0.06ml) to be administered directly into each affected ear three times daily (morning, evening and after swimming, showering or bathing). Continue treatment until two days after symptoms have disappeared, no longer than seven days. Discontinue use if there is no clinical improvement after seven days. **Contra-indications, warnings, etc:** Known sensitivity to any of the ingredients. Not recommended in children under 12 years without medical supervision. **Pregnancy/Lactation:** There are no restrictions to the use of the product in pregnancy and lactation. **Special Precautions:** Patients who are known to have a perforated eardrum should only use under medical supervision. If pain occurs during use, or if symptoms worsen or do not improve within 48 hours or if hearing becomes impaired, stop treatment and refer to a GP. **Pharmaceutical Precautions:** Store upright in the carton below 25°C. Shake bottle before use. Before first use, prime the pump by depressing the actuator 6-10 times until a fine spray is obtained. Use within one month of first use. Avoid spraying near eyes. **Legal Category:** P. **Basic NHS Cost:** £3.80. R.R.P.: £6.38. **Product Licence Number:** 0036/0072. **Product Licence Holder:** GlaxoSmithKline Consumer Healthcare, 980 Great West Road, Brentford, Middlesex TW8 9GS. **Date of Revision:** June 2002. **References:** 1. Prime data. 2. Malik M *et al* JAM MED. AFF 1975:89-47. 3. Paulose *et al*; J Lar Otol. 1989 103:30-35 4. Smith RB, Moodie, J. Current Medical Research and Opinion 1990 12,12-18. EarCalm is a registered trademark of the GlaxoSmithKline group of companies.

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* Source: IRI to 13 July 2003

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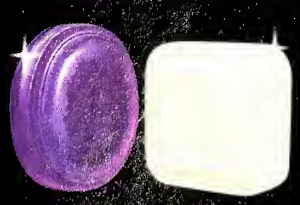

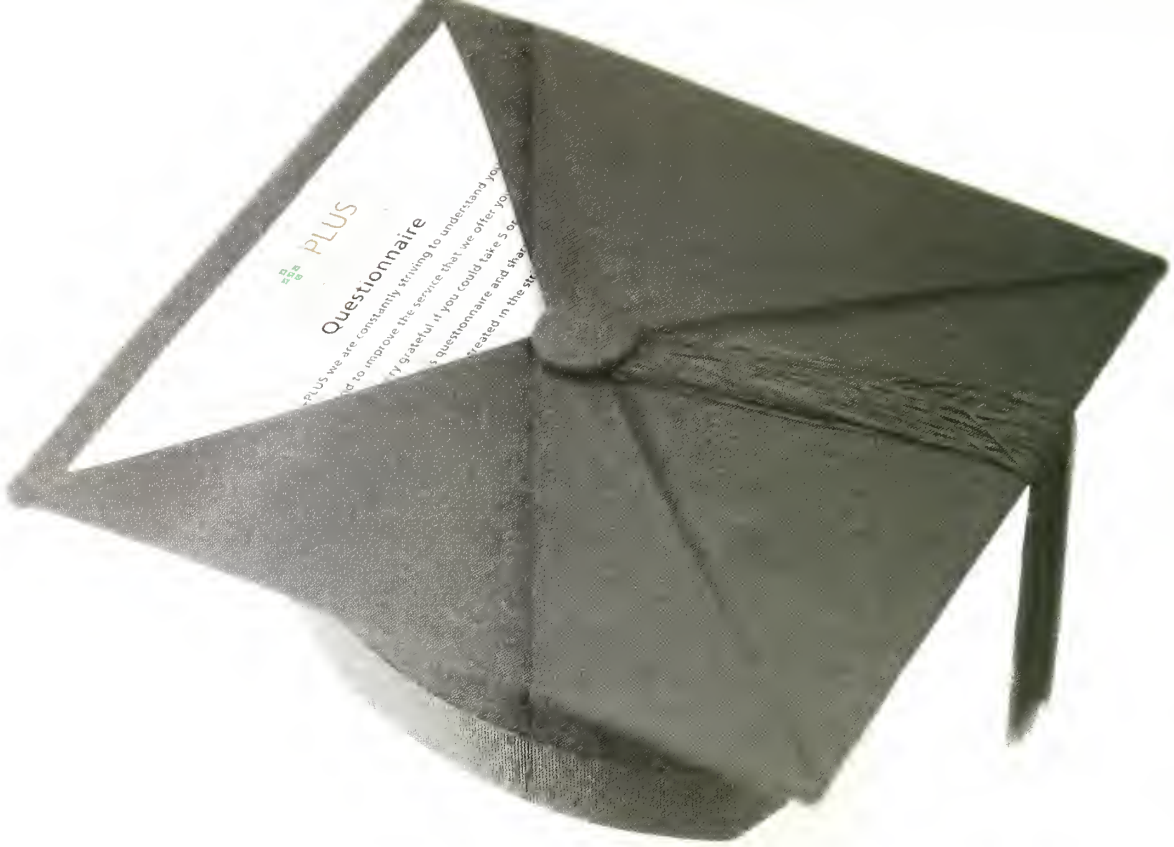

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Prize draw rules: 1. The draw is open only to registered Pharmacists. 2. The prize draw is not open to employees of GlaxoSmithKline, members of their families or their agents. 3. No purchase is necessary to take part in this draw. 4. All questionnaires must be received by last post 24th October 2003. Proof of posting does not constitute proof of delivery. Entries received after this date will not be entered into the draw. 5. The draw will be made in the presence of an independent observer. 6. The first 10 entries drawn at random after the closing date will receive the prize. Only one prize per entry. 7. There are ten prizes of £100 to be used for professional development. 8. Prizewinners will be notified by post by the 5th December 2003. 9. No correspondence will be entered into. 10. The promoter is GlaxoSmithKline UK Limited, 980 Great West Road, Brentford, Middlesex, TW8 9GS

As children return to school, some will be receiving their booster dose of MMR. *Philip Monk*, consultant in health protection, reviews this controversial vaccine

MMR in perspective

The British Vaccination Act of 1840 was the first time that the state, in the name of public health, interfered with the rights of individuals to look after themselves in ways they saw fit. Immunisation was seen then, as now, as a violation of civil liberties.

In an era when, once again, we are concerned about the potential threat of smallpox, it is pertinent to remember that the introduction of immunisation as a widespread public health measure began after Edward Jenner presented an article to the Royal Society of London in 1796 on the effectiveness of his smallpox vaccine.

Today the fight for 'safe' immunisations is the natural consequence of such public health intervention. But our media give much attention to the 'anti-vaccination' campaigns, especially that against MMR, the vaccine protecting against measles, mumps and rubella.

Immunisation is unique because it requires individuals who are well to receive an injection of a material that may make them unwell in order to protect themselves and others from an infection. This intervention has constantly led to opposition. Why?

The medical and scientific establishment views immunisation as both safe and effective and calls for stronger efforts to increase immunisation rates.

On the other hand, people see vaccines as being unsafe. They often know someone who has been 'damaged' by immunisation and they resent the lack of choice, thinking that catching diseases or using homoeopathic remedies are safer and more effective methods than receiving a vaccine they believe will damage the immune system.

We live in an era where scientific rationalism has been replaced by an emotional assessment of interventions. If it feels right, it is right. Similarly, if it feels wrong, it is wrong. As health professionals it is hard for us to confront the very real feelings that people have about immunisations, especially MMR. It is, however, essential to keep things in perspective. The vast majority of parents accept immunisation for their children and are more concerned about the immediate management of their child after the immunisation than about whether or not their child should have been immunised in the first place.

The main reason for parents to consult a pharmacist about MMR is to gain assistance in managing the side effects of immunisation.

MMR is given in two doses – the first shortly after the child's first birthday and the second before entry to school. In fact, the two doses only need to be separated by three months, but this longer interval fits conveniently with the present childhood immunisation schedule and ensures that immunity is boosted before entry into school where there is increased risk of exposure to measles, mumps and rubella.

Parents commonly ask this question. Not all children are protected against all three diseases in the MMR vaccine after the first injection, while almost all children

Continued on page 22

Parents now have access to more information on MMR than ever

MMR: update on latest research

The paper that kicked off the MMR and autism debate was published in *The Lancet* five years ago.[1] Since then there has been a plethora of published work refuting the authors' claims.

An independent review of the current literature for the World Health Organisation, published in February, concluded that existing studies do not provide evidence of a link between autism and the MMR vaccine.

It suggested that further investigation was necessary to establish the cause of the alleged persistence of the measles vaccine in the GI tract of autistic children before the WHO should come to any definite conclusions.

It also said there is no evidence suggesting that there is a causal link between the MMR vaccine and autism. The report suggested that, as scientists better understand the causes of autism, this could reveal an explanation for the alleged link between the MMR vaccine and autism.

One claim made by opponents of the MMR vaccine is that, by giving three inoculations at once, the vaccine "overloads" the immune system, leaving the infant open to possible infection, which can lead to bowel problems or autism.

Research published earlier this year by scientists from the former Public Health Laboratory Service (now the Health Protection Agency), along with Royal Free and University College London Medical School, explored the medical records of children recently immunised with the MMR vaccine who were admitted to hospital because of either a bacterial infection or pneumonia.[2]

The study found that the MMR vaccine did not significantly raise a child's likelihood of developing a bacterial infection in the weeks following immunisation.

Furthermore, the researchers reported that the vaccine appears to offer a temporary protective effect against bacterial infections for 12 weeks after immunisation.

In weeks two and three after the MMR vaccine was given, the researchers noticed a drop in the number of children admitted with respiratory symptoms, suggesting that the vaccine also gives a temporary protective effect against viral infections, which they suggest could be linked to interferon production.

Another study, published last year in the *New England Journal of Medicine*, also states that the researchers found no causal link between the MMR vaccine and autism.[3] The paper made some strong points against the claim that the MMR vaccine causes autism in infants. The researchers say the number of infants with autism was the same in the vaccinated and non-vaccinated groups.

A lack of "clustering" of autism cases at any time after the vaccination was also offered as evidence, and that neither autism nor its associated disorders are associated with MMR vaccinations.

References:
1. Lancet 1998: 351; 637-41
2. Arch Dis Child 2003: 88; 222-5
3. N Eng J Med 2002: 347; 1477-82.

are protected against all three after the second injection. Fewer than 1 per cent are unprotected after the second immunisation.

Following the first dose of MMR vaccine the side effects usually occur about a week after vaccination and last for two to three days. They are:

- malaise
- fever
- rash.

In addition, parotid swelling occurs in about 1 per cent of children aged up to four years, usually in the third week after vaccination and occasionally later. This is a result of the mumps component of the vaccine. Arthropathy (arthralgia or arthritis) has also been reported rarely after MMR immunisation.

Adverse reactions are considerably less common after the second dose of MMR vaccine than after the first dose. Parents should be informed of this. The symptoms of fever, parotid swelling and arthropathy are best managed using paracetamol given during the period when fever is common in the five to 10 days after the first immunisation. Other side effects are very rare.

Continued on page 24 ▶

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Pharmacists should reinforce the messages about immunisation safety that are given to parents by the child's health visitor and by NHS Direct. They should also be reassured that post-immunisation symptoms are not infectious.

What about MMR concerns?

Many parents will have already spent hours researching the safety of the MMR vaccine. It is useful to check that they have looked at the excellent Department of Health website, which answers the common questions and points to other web-based sources of information (*www.mmrthefacts.nhs.uk*). This article cannot go through the issues of the MMR controversy in detail, but they are answered on the DoH website.

The first controversy is about thiomersal. This mercury-based preservative was used by manufacturers to protect vaccines from contamination in the days when vaccines were commonly presented in multi-dose vials. MMR has never contained thiomersal, but it is present in other childhood vaccines. The concern is that thiomersal renders the brain more susceptible to the onslaught from the antigens in the MMR vaccine and so leads to the development of autism.

Such a suggestion carries a number of assumptions. The first is that autism is linked to MMR and must therefore have increased since the introduction of the MMR vaccine in 1988. This is simply not the case. The numbers of children with autism have increased steadily since the 1970s. This is because of changes to diagnostic classification, meaning that behaviour patterns previously classified under other headings became labelled as autism.

Should the pharmacist order single vaccines in support of those parents who wish their child to have them? In counselling parents, the first point to stress is that they are committing their child to six injections, rather than two. Secondly, it is essential to dispense only products that are both effective and safe. For example, only the Jeryl Lynn strain of mumps fulfils both of those criteria and is the vaccine of choice if a single mumps vaccine is to be dispensed.

One of the main concerns voiced by parents today is that their children receive too many vaccines, implying that multiple vaccines overwhelm the immune system and somehow cause damage. In fact, modelling published in a recent paper suggested that not only can a child's immune system cope with 11,000 immunological challenges simultaneously, but that MMR uses less than 0.1 per cent of the immune system to develop the response to the vaccine (*Offit P A, Quarles J, Gerber M A et al, Pediatrics 2002; 109(1); 124-9*).

Web-based resources also offer advice for worried parents

So what is the pharmacist's role?

Being a reliable source of advice is the most important role. Supporting parents in the management of post-vaccination fever and other minor side effects is crucial to the delivery of an effective vaccination programme. Being aware of parental concerns over vaccination helps to understand their perspective.

None of us should lose sight of the fact that these diseases were killers and remain so in populations where immunisation programmes have not had the levels of uptake necessary to protect the health of the population as a whole.

Philip Monk is a consultant in health protection at Leicestershire, Northamptonshire and Rutland Health Protection Team.

New stroke prevention drug...

AstraZeneca's Exanta (ximelagatran) is the first product in a new class of oral direct thrombin inhibitors and is as effective at preventing strokes as warfarin, but without the side effects, according to research presented at the recent European Cardiology Congress in Vienna.

The study found that patients on fixed dose twice daily 36mg Exanta suffered fewer serious events compared to well-controlled dose-adjusted warfarin (40 Exanta events compared with 56 warfarin events).

According to AZ, Exanta has advantages over standard warfarin treatment because it does not have the major food and drug interactions associated with warfarin therapy and does not require anticoagulation monitoring like warfarin. Exanta is filed with the Medicines and Healthcare produets Regulatory Agency for marketing approval in the UK, for venous thromboembolism prevention, but has yet to be launched here.

Professor Gary Ford, the study's principal investigator in the UK, said that Exanta "could potentially transform our approach to the management of stroke prevention in atrial fibrillation".

The study reports that incidenees of major bleeding with Exanta were lower than with warfarin, adding to the evidence that the company says will encourage doctors to use Exanta for patients with atrial fibrillation, where before they may have been reluctant to start warfarin therapy.

For more information:
www.escardio.org.com

... while cranberries reduce post-stroke brain damage

Cranberries are showing evidence that they can do more than just be beneficial to cystitis sufferers – researchers in Canada and the USA have found that extracts of the fruit may reduce stroke-related brain damage.

"This study shows that cranberries have the potential to protect against brain cell damage that occurs during a stroke event," the study's lead investigator Dr Catherine Neto, from the University of Massachusetts-Dartmouth, said, adding that "it may not stop a stroke from occurring initially, but it may reduce the severity of stroke".

The researchers claim that cranberries can help a patient recover from a stroke, in particular in the period shortly after which the brain can be damaged most, with brain cells protected by as much as 50 per cent.

However, further studies are necessary to establish the quantity of cranberries or cranberry juice required to produce a beneficial effect, say the researchers. A similar study using blueberries also found that the fruit showed a beneficial effect in reducing brain damage after a stroke.

Underuse of thiazides is costing UK millions

Heavy promotion of new hypertension medicines means that the UK is spending an unnecessary £76.25 million each year, according to Norwegian researchers.

According to the researchers, thiazides are underused in treating hypertension even though they are the cheapest option and among the best tolerated drugs, a move which they claim means that health budgets are wasting millions of pounds each year.

Even though there is much evidence for the effectiveness of reducing the risk of cardiovascular disease with

thiazides, the authors say, doctors are still prescribing more expensive, and less proven drugs.

Previously published research suggests that thiazides could be used for 45 per cent of hypertensive patients, yet the researchers found that the actual numbers using the drugs varied from 12 to 40 per cent. The researchers claim that the USA alone could save over £630m each year, if suitable patients changed to thiazides.

For more information:

www.biomedcentral.com/1472-6963/3/17

BMC Health Services Research 2003: 3, 17.

Glitazones in the spotlight

Thiazolidinediones, otherwise known as glitazones, may be triggering serious side effects, such as congestive heart failure and pulmonary oedema, in the diabetes patients who are taking it, say researchers in the USA.

According to scientists from UT Southwestern Medical Center, Dallas, diabetes patients with left ventricular hyperthrophy or chronic renal insufficiency should avoid pioglitazone and rosiglitazone.

The National Institute for Clinical Excellence recently recommended that glitazones are prescribed only for diabetics who cannot tolerate a combination of metformin and sulphonylurea (*C&D, August 20, p9*). Dr Abhimanyu Garg, speaking about doctors in the USA, said: "Many physicians are prescribing these drugs in patients with chronic renal insufficiency because a first-line diabetes drug, metformin, is not recommended for them. These new data suggest that such patients may be at particularly high risk of developing heart failure."

GlaxoSmithKline said in a statement: "GSK believes the approved Avandia (rosiglitazone) label contains comprehensive and accurate prescribing information, and that Avandia is a safe and effective drug when used under the direction of a physician and according to the prescribing information."

The researchers say that some patients' symptoms developed as early as three weeks after their glitazone dosage was increased.

For more information:

www.mayo.edu/proceedings

Mayo Clinic Proceedings 2003; 78 (9): 1088.

NSAID with aspirin is fine for less than 30 days

NSAIDs do interfere with aspirin's cardioprotective effects, but only if you take the anti-inflammatory drug for more than 30 days, according to new research from the USA.

Earlier research found that concomitant use of NSAIDs and aspirin would interfere with aspirin's antiplatelet activity. The researchers of this new study say that intermittent use of NSAIDs for less than 30 days does not significantly affect the cardioprotective properties of aspirin.

Dr Tobias Kurth, lead author of the study, said: "These preliminary findings raise the question about the efficacy of aspirin therapy for people who are regular users of NSAIDs.

"But the results need to be confirmed by other studies, and since both drugs have been proven to be beneficial for their individual indications, we also need more research on how to combine the two."

Patients who were taking aspirin in conjunction with another NSAID for less than 30 days were no more at risk of a first myocardial infarction than those taking aspirin alone.

For more information:

www.circulationaha.org

Circulation 2003; 108: 1191-5.

Scriptlines

NCSO script endorsement

The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for September 2003 prescriptions for: oxybutynin hydrochloride tablets 2.5mg; Nitrofurantoin Oral Suspension BP 25mg/5ml; Indomethacin Suppositories BP 100mg; and Ketoprofen Capsules BP 50mg in 28 and 100 pack sizes.

For more information:

www.psnc.org.uk

E-mail: info@nprc-psnc.org.uk

Prescription forms change

PSNC is reminding pharmacists about the current changes to outpatient FP10 prescription forms.

In England, blue FP10MDA forms will replace the pink FP10HP (AD) forms as they run out. The FP10HP (AD) forms can be used up to November 2003, when they should be replaced with the 0403 version of the FP10MDA form. In Wales, a bilingual form W10HP will replace FP10HP (AD). The FP10GP (AD) forms can be used up to December 2003, when they then should be withdrawn.

For more information:

www.psnc.org.uk

www.doh.gov.uk/prescriptionform

Lumigan triple pack

Lumigan (bimatoprost) eye drops are now available as a triple pack (3x3ml) containing three separate bottles. The pack attracts a single prescription charge for patients.

Price: £28.58

Pack size: 3x3ml bottles

Pip code: 298-8434

Allergan Ltd

Tel: 01494 444722.

Movicol-Half extension

Movicol-Half (macrogol '3350') is now licensed to treat faecal impaction in children aged two and above.

The dosage should be spread evenly throughout the day and the child should consume the entire daily dose within 12 hours.

Movicol-Half should not be given to children with impaired cardiovascular function, renal insufficiency or chronic constipation. If the child vomits after taking Movicol-Half, the next dose should be delayed or reduced.

Dosage is as follows:

Day	Age 2-4	Age 5-11
1	2 sachets	4 sachets
2	4	6
3	4	8
4	6	10
5	6	12
6	8	12
7	8	12

The manufacturers recommend that each sachet is dissolved in 62.5ml of water.

For more information:

Norgine Ltd

Tel: 01895 826600.

Mint lozenge for NRT range

GlaxoSmithKline Consumer Healthcare is launching two mint-flavoured lozenges in the Niquitin CQ range.

NiQuitin CQ 2mg and 4mg Mint Lozenges use the same method of dosing as the original NiQuitin CQ Lozenge – 'time to first cigarette' (how long after waking a smoker lights up) – to gauge the right dosage for their individual needs.

Smokers who light up within 30 minutes of waking should use the 4mg Mint Lozenge. The 2mg Mint Lozenge is for smokers who smoke 30 minutes or more after waking.

GSK says the lozenges are designed to extend the appeal of a form of NRT to the 10 million smokers who currently attempt to stop smoking each year without any help.

The company believes the lozenge will attract "a significant number of new users to the smoking cessation market".

The launch will be supported by a £1.7 million marketing campaign which includes poster advertising from December. The lozenges come with a free behavioural support plan.

Price: 36s £8.99, 72s £17.49

Pip code: 2mg 36s 296-4534, 2mg 72s 296-4559, 4mg 36s 296-4542, 4mg 72s 296-4567

GlaxoSmithKline Consumer Healthcare

Tel: 020-8047 2700.

Sudafed targets stuffy noses

Pfizer Consumer Healthcare is launching a new non-drowsy congestion relief product in the Sudafed range.

Non-Drowsy Sudafed Congestion Relief contains phenylephrine and is formulated to aid relief of nasal congestion.

It is aimed at customers who experience mild symptoms of a cold such as a blocked, stuffy nose which as many as 50 per cent of people suffer in a year.

Sarah Johnson, product manager at Pfizer Consumer Healthcare, said: "Sudafed is often associated with the treatment of serious sinus problems but consumers are failing to treat the early stages of suffering such as a blocked stuffy nose."

The launch is being supported by a £2.5 million marketing campaign including TV and outdoor media advertising plus a range of educational material.

Price: 12s £2.49, 24s £4.49

Pip code: 12s 297-9623, 24s 297-9631

Pfizer Consumer Healthcare

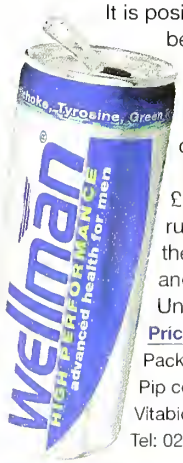
Tel: 023 8064 1400.

Liquid assets

Vitabiotics is adding an energy drink targeted at men into the Wellman range.

Wellman High Performance is formulated to meet the nutritional needs of men.

The drink contains a high concentration of natural fruit juice with vitamin B, extracts of guarana, ginseng, artichoke, green tea and zinc. Its caffeine content is estimated at 1.5mg per 250ml.



It is positioned to help bridge the gap between isotonic 'sports' drinks and caffeine-based club drinks. The drink comes in a 250ml can featuring the British world champion swimmer Mark Foster.

The launch will be supported by a £750,000 advertising campaign running from the end of September in the national press, men's magazines and on posters on the London Underground, buses and poster sites.

Price: £1.30

Pack size: 250ml

Pip code: 298-5794

Vitabiotics Ltd

Tel: 020-8902 4455.

Fizz fights the flab

NatraHealth is targeting slimmers with effervescent tablets containing a form of chitosan – an extract from shellfish shells.

Bio Slim Silueta tablets are claimed to "act like a magnet, binding to the fat in the diet which then passes naturally and safely through the body."

The manufacturers say the tablets do not affect the metabolism or have appetite suppressant qualities, so can be taken without upsetting the appetite.

One tablet should be taken in a glass of water before every fat-containing meal.

Price: £11.99

Pack size: tube of 20

NatraHealth

Tel: 01732 860850.

Tunes shape up

Masterfoods is relaunching the Tunes range in an attempt to expand the medicated confectionery category.

Tunes are now longer-lasting, sugar-free oval sweets in a pocket sized flip-top box. The new-look range includes Blackcurrant, Strawberry and Cherry flavours.

Two thirds of purchasers suck Tunes during a cold while one third use them to invigorate themselves.

The brand will be supported by a £4.3 million campaign including TV advertising during the winter and sampling of nine million sweets. New counter top units and till point trays are available.

Price: £0.49

Pack size: 37g

Pip code: Blackcurrant 297-5209, Strawberry 297-5217, Cherry 297- 5225

Masterfoods

Tel: 01753 550055.

Syndol is back on TV

Syndol returns to our TV screens this month with a £1 million national campaign on air for the next three weeks.

The commercial features a male office worker with a headache.

Sales of the brand increased by up to 439 per cent after the last time the commercial was screened in April.

For more information:

SSL International

Tel: 0161 654 3000.

Mum's the word for Tums

Tums fruit flavoured indigestion remedy will be back in the public eye in October with advertising in the parenting press.

Indigestion and heartburn are common problems among pregnant women and the campaign features a mum-to-be to highlight the brand's suitability for use during pregnancy, following advice from a doctor.

The advertising will run until the end of December.

Tums leaflets with a money-off coupon will also be distributed to 6,000 UK GP surgeries as part of the Waiting Room Information Service initiative.

For more information:

GlaxoSmithKline Consumer Healthcare

Tel: 020 8047 2700.

Sporting chance for Coty

Coty has teamed up with the British Universities Sports Association to sample Adidas bodycare products to students.

Adidas shower gel, anti-perspirant deodorant spray and deodorant body spray will be sampled at the top 20 sporting universities around the UK from October 1 until December 5.

For more information:

Coty UK Ltd

Tel: 020 8971 1300.

TVnextweek

Bassett's Soft & Chewy Vitamins: GMTV, Sat

Clearblue Digital Pregnancy Test: All areas except U, CTV, GMTV

Full Marks Mousse: All areas

Hedex: All areas except U, CTV, GMTV

Imodium Instants: All areas

Lloydspharmacy's Diabetes Testing Service: GTV, STV, B

Lucozade Sport: All areas except U, CTV, C4, GMTV

NiQuitin CQ: U

Nytol: Sat

Poligrip: All areas except U, CTV, C5, GMTV

Ribena: All areas except U, CTV, GMTV

Rimmel London 'Extreme Definition Mascara': All areas except U, CTV, GMTV

Sensodyne Total Care: All areas except CTV, GMTV

Syndol: All areas

Tena *lady* & Tena *pants* Discreet: All areas except U, GMTV

Voltarol Emugel P: B, G, Y, C, TT, C4

PharmaSite for next week: Eumobase – window, **Eumovate** – in-store, **Ex-Lax** – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Snap to it

Low prices have made digital cameras a must-have item for the holidaymaker. So there are plenty of opportunities for pharmacies with a photo-processing interest, finds Sarah Purcell

Whatever you think of them, digital cameras are here to stay. Sales are now growing at around 35 per cent a year with a value of around £250 million last year (*Mintel*).

They're now the second best selling electronic gadget after DVDs, says Yuval Yashiv, chief executive of digital processing company Pixology. But the explosion in digital sales doesn't have to spell doom and gloom for your photo-processing business. With some investment and creative marketing you can keep this traditional sector of pharmacy business thriving.

"Ultimately users take photos for memories and that requires good quality prints, so I think sharing and printing will be a big focus of digital imaging in the future," says Chris Bowen, Kodak UK country manager for digital and applied imaging. At Agfa, national sales manager Graham Jackson agrees: "It's a myth that people do not want traditional prints from their digital cameras. It is truer to say that some people do not know they are able to get this service from their pharmacist."

According to Kodak, 14 per cent of households now own a digital camera – that's 3.7 million cameras – but few users are getting the most out of them by having their images professionally developed. Camera manufacturers agree there's a huge untapped market out there and pharmacists are well placed to profit from this opportunity.

Pixology's Mr Yashiv certainly agrees: "At least seven out of 10 digital camera users are not aware that they can have their images professionally processed. In fact, the majority of people who own digital cameras aren't getting the most from their digital images – some will just e-mail them to friends, others will try printing them at home, but the quality is rarely that of a professional print."

At Fuji, market development manager Darren Peake says: "The key issue that pharmacists need to address is this low awareness of the fact that digital images can be professionally processed. The assumption tends to be that digital images are only for e-mailing or printing out yourself." Even though more of us are choosing digital cameras, we still

Continued on page 30 ▶

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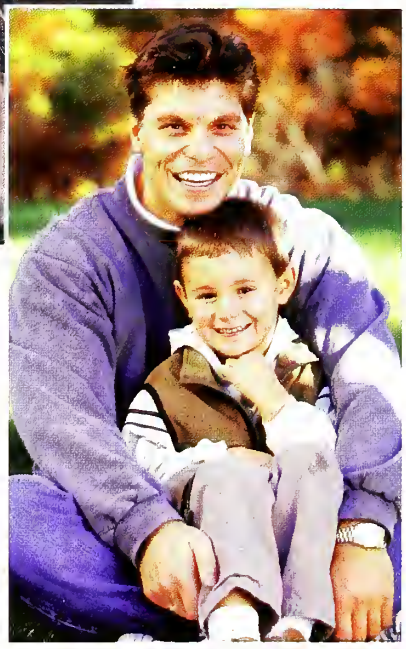

If you still have an analogue processing lab you'll need to upgrade to digital

like to share the photos with friends in the old-fashioned way.

Here's what you can do to educate your customers about getting more out of their digital images:

- If you've got it, flaunt it. Provide lots of good in-store display material.
- "If you've got an on-counter kiosk, publicise this and make sure your staff are well clued up on how to use the service," says Mr Peake at Fuji.
- "Use plenty of brochures and promotional material to push the message across to customers," says Mr Yashiv at Pixology.
- "Word of mouth is still the best form of advertising, so talk to your customers about the services you can offer them," says Kevin Day, director-general manager of Konica UK.

Investing in digital technology

"Pharmacies have enjoyed good profits in the past from film processing, but sales from this are on a downward spiral thanks to digital cameras. In 10 years' time I wouldn't expect to see much revenue coming from 35mm film processing, so you need to decide whether to abandon this side of your business or to invest in digital and move on," says Mr Yashiv.

Before you invest, you'll need to work out the cost of a new system and compare this with the likely revenue the business will generate. You'll need to consider the following points.

Cost: if you still have an analogue processing lab you'll need to upgrade to digital if you want to compete. An average digital mini-lab will cost you between £60,000 and £70,000, but when you need to update it you simply upgrade the software, not the hardware. And, of course, you can continue to process film and slide film with a digital lab. "The newest digital mini-labs that we'll see shortly use inkjet technology and these will be available at around half the cost of a typical digital mini-lab," says Mr Yashiv. "The results are good quality and the systems are easy to run too."

Cheaper options: if you don't want to or can't afford the outlay for a digital mini-lab there are other ways you can get involved in digital photo-processing. Installing a kiosk – a stand-alone unit where customers can select and order their own images from a remote location and they are sent back to them in the normal way – is a much cheaper option, from around £5,000.

A digital micro-lab, also from around £5,000, is similar to a kiosk but operated by staff and has more options, says Amanda Holton at Mitsubishi. "In addition to the features offered by the customer-operated print stations, digital micro-labs can be used to remove red-eye, restore old photos to their former glory, transfer images to different backgrounds and produce personalised calendars."

Or you can use an online service, provided by most of the big manufacturers, where you simply send a customer's order via the internet to the supplier and prints are sent back to the pharmacy for collection or direct to the customer.

Digital imaging: so what's to be gained from going digital? You can offer your customers a better service as with digital you'll be able to correct colour imbalance, remove red-eye and correct under or over-exposure automatically.

"Another advantage of digital is that the work station is separate from the printer/processor, making it easier to fit into limited space, while the keyboard makes operation so simple that even inexperienced operators can produce high quality results with minimum training," says Mr Day at Konica.

You can offer value-added services too that aren't available on analogue machines: copy images onto a CD, or produce personalised calendars and greetings cards from customers' own images. Digital machines are generally faster too, so you can process more prints in the same time. "Even those customers still using conventional cameras will want the flexibility that digital processing gives them. By upgrading from an analogue to a digital mini-lab pharmacies will be able to retain existing customers and attract new ones," adds Mr Day.

Potential profits: while it actually costs the retailer less to produce digital images than it does to process films, you can make higher profits from digital. "Because of the high-speed nature of digital, you'll find that more customers will opt for the premium priced express services than with film," says Mr Peake. Mr Yashiv believes you can charge more for digital prints: "While the cost of processing digital images is around 15p a print, customers tend to select fewer images so you can charge more for these." Mr Day adds: "Many mini-lab operators have noted that the average spend on digital processing can be double that of conventional photography."

Processing news

- KONICA'S Digital Prossimo system costs from £3,300 and allows you to outsource digital printing. The basic system includes a personal computer running Digital Prossimo software with a PC card reader, CD-R and FD drive, a print scanner and inkjet printer.
- FUJIFILM has introduced the Printpix system designed to make it as easy to produce prints from digital cameras as from conventional film. The system is 'dry', so there is no need for chemicals, ink ribbon or cartridges, just paper and electricity, keeping operational cost to a minimum. The system uses specially coated paper to generate its own colours and images when exposed to thermal energy from the Printpix printer.

Fujifilm has introduced the Digital Photo Centre, an in-store kiosk for customers to process digital images or make copies and enlargements of their own prints. An optional receipt printer makes the process even simpler for retailers. The Centre links to all Fujifilm Frontier digital minilabs and Fujifilm Pictography 3000 and 3500.

- [illegible] is bringing out a new digital mini-lab in January aimed at pharmacies and independent high street retailers. The D-Lab 1 is an integrated processor and printer system. The company's new Image Cube enables pharmacists to take digital files from a variety of sources and save them onto a CD. These can then be sent for processing without the need to hold onto the customer's camera card or disc.

Spreading the digital message

Anyone investing in a new camera will at least consider going digital, but the chances are the typical amateur photographer doesn't know what to look for, which is where you come in. If you can explain the pros and cons of digital versus traditional cameras, the chances are you'll make a sale.

"The success of the market greatly depends on getting people to try digital photography and making it simple and accessible," says Chris Bowen at Kodak.

By the end of next year, Konica expects sales of digital cameras to outstrip those of 35mm cameras, while in 10 years' time we'll nearly all be buying digital. Prices have fallen considerably in recent years – according to Mintel the average price of a digital camera has dropped from £400 in 1998 to £200 today and further price reductions are expected to bring digital to the masses.

Here's what your average customer needs to know before making their choice:

- Pixels: the higher the number a camera offers, the better the image quality.
- What does the customer need a camera for? "Some will want a digital camera primarily to allow them to exchange images with friends and family over the internet – in this case a one million pixel model will suffice. Others will want to produce high quality images which can be printed out to A4 size – a five million pixel model should be their choice. For family use, a mid-range camera offering two to three million pixels, capable of producing images printed out at 5x7in, will be adequate. Business travellers will want a compact model that fits easily into a briefcase," says Mr Day.
- Do they want the latest technology or a camera that is quick and easy to use?
- How much do they want to spend?
- What sort of subjects will they mainly be photographing? This will determine the number of pixels they need.
- Printing advice. "Consumers are likely to be under the impression that a computer is needed to print pictures – it's not. High street printing services have opened up a whole new opportunity for consumers and retailers," says Fuji.

In 10 years' time we'll nearly all be buying digital

Picture supplied by Nikon

Around 90 per cent of sales of digital cameras are for those priced under £300, says Kodak, so this is the core range that pharmacies should concentrate on. You know your market, but in general go for simple, easy-to-use models that will attract new users.

"In the early stages, it is strongly recommended that the product range is kept both limited in price points and depth of stockholding," says Robert Carr, managing director at Tudor Photographic. "The rate of development of new product and consequently the equally rapid obsolescence of existing stock cannot be overstated."

It makes sense to stock some accessories too. "It depends on what is included in the digital camera kit the consumer buys, but in general they'll need power and memory," says Mr Day. "Because digital cameras require more battery power than conventional cameras, spare batteries are essential for anyone taking a camera far from home and battery chargers or mains adaptors are other must-haves."

Continued on page 32

Latest camera news

Konica's KD-75 is a 2m pixel digital camera which retails at under £100. The camera is equipped with a high performance CCD with 2.1 megapixels (1.92 mega effective pixels) and a fixed focus lens with a three-step manual adjustment, will take movies up to 30 seconds. Other features include five-way selectable flash modes as well as exposure compensation and white balance which can be set to auto, daylight, sunset, fluorescent or tungsten to help achieve the best results in a variety of lighting conditions.

Also new is the KD-220Z which features 2.0 mega pixel resolution, a high quality CCD and powerful 3 x optical zoom lens and 2 x digital zoom, at £149.99. In addition, it offers a range of flash modes, close-up and movie modes and a manual exposure setting.

Konica has also launched the Revio C2, a light, ultra-slim, card-sized digital camera. It offers 1.2 mega pixels, a 2 x zoom lens, close-up mode, several flash modes and a 10-second movie facility. Konica UK, tel: 020 8751 6121.

New from Polaroid is the Instant Passport Photo Kit. It contains the easy to use M403R camera with instruction video, a retractable white backdrop, picture cutter and photo wallets. The kit costs £699. Polaroid, tel: 0845 606 0657.

Single-use cameras

The other big success story in the photography market is single-use cameras. According to Mintel, around 13 million are sold every year, generating sales of some £110m, and from 1997-2002 sales increased by 190 per cent. Since their introduction in the late 1980s they've gone from being a simple point and shoot option to a more sophisticated choice, offering fast film speeds, flash, wide angle lens and waterproof units for taking underwater pictures. The main purchasers are women, says Konica, but as their use has grown from simply being an emergency purchase, users now include business travellers, holidaymakers and children.

According to Kodak, single-use cameras are currently the most profitable area of photography in pharmacy. Remember that photography is seasonal, so it's important to capitalise on sales during the peak summer, Christmas, Easter and bank holiday periods by highlighting single-use cameras in promotional displays.

Kodak's new High Definition single-use camera has a sleek silver finish, so it looks like a quality compact camera. Giving sharp picture quality, it retails at £5.99 for the daylight camera and £8.99 for the flash model.

Konica is offering a buy one, get one free promotion covering Konica Film-In and Film-In Flash single-use cameras and Centuria Super 200 or 400, 24 or 36 exposure rolls of colour print film. For every Film-In Flash camera bought at £9.99, the customer will receive a second camera free. The same goes for standard Film-In priced at £4.99. Konica UK, tel: 020 8751 6121.

Free film offer

Polaroid is offering 1,000 free sheets of film when you buy its SPD digital passport photo kit, seen above, before October 31. The package includes printer, flashgun and a 12-month service contract for £1,195.

Polaroid's new Digital MiniPortrait System combines a top of the range digital camera and thermal printing system in a single compact unit. It features an on-board strobe, providing perfect lighting for any location. And with digital technology you can adjust colour, brightness and contrast to get the perfect picture. It retails at £995. Polaroid, tel: 0845 606 0657.

Single-use upgrades

Tudor Photographic has upgraded its single-use camera. With a built-in flash, it is loaded with Fuji ISO 400 film.

Agfa has relaunched its Le Box single-use camera with new Vista film.

Continued on page 34 ▶

"Single-use cameras are currently the most profitable area of photography in pharmacy"

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Christmas focus for Kodak

Christmas is a key selling period for cameras as they make ideal gifts. To help drive sales in the run up to the festive season, Kodak is launching a new range of gift packs for Kodak Advantix cameras.

Four cameras from the Kodak Advantix T-range are each highlighted in a different colour to create additional impact in-store. Gift packs have been introduced for T30 Auto Camera, T40 Auto Focus Camera, T60 Zoom Camera and T70 Zoom Camera. Each pack will contain a camera, strap, pouch, batteries and instruction booklet plus two rolls of Advantix Ultra film (one roll with T30) and an attractive photo holder. Retail prices range from £24.99 to £54.99.

The launch will be supported with a 'Buy One, Share One' promotion. A range of eye-catching floor and counter merchandisers and point of sale material will be available from October 1.

Kodak has teamed up with Disney for a nationwide winter film promotion which is timed to coincide with the first ever release of *The Lion King* on Disney DVD.

A family holiday to the Walt Disney World Resort in Florida for two adults and two children is on offer for 10 first prize winners.

There are four second prizes of Philips Home Cinema Systems and 50 third prizes of Lion King special edition DVDs. There are 100 *Lion King* rucksacks for runners-up.

Entry leaflets are available for customers who purchase Kodak films or single-use cameras. An original till receipt has to be included with entries and the closing date is January 31, 2004.

Pre-packed floor and counter merchandisers, a wobbler, hanging mobile, hanging banner and A4 showcard will support the promotion. For more information telephone Kodak Ltd. on 01442 261122.

Accessories news

Powerful batteries are a necessity for digital camera owners. Duracell has launched the Ultra CR-V3, the first performance battery designed for digital cameras. It can handle peak pulses created by the use of DC LCD screens, high megapixels, zoom and auto focus features. The new battery is interchangeable with Duracell Ultra and AA size batteries. Duracell, tel: 020 8560 1234.

Longer lasting power

Energizer has launched e² Photo Lithium batteries as a direct response to the needs of high-tech performance photographic equipment.

Energizer claims the e² Photo Lithium AA batteries (L91) are the longest lasting digital camera batteries available, lasting up to five times longer than other AA batteries. Among its other attributes are that the battery is one third lighter than normal alkaline batteries, and has a shelf life of over 10 years. It is particularly suited to heavy drain and frequent usage. Further information is available from *www.energizer.co.uk*.

Buy one, get one free

Customers who buy a 24-exposure roll of Konica's Centuria Super ISO 200 or 400 for £3.99, or a 36-exposure roll for £4.99, will get another free. Konica UK, tel: 020 8751 6121.

Picture supplied by Kodak

The Kodak LS633 digital camera

The Swains product brochure

Speed is of the essence

PhotoLine is introducing a new range of film, the Jessops brand Diamond range. There are three film speeds available – 100, 200 and 400. PhotoLine, tel: 0116 232 6522.

You've been framed

Swains is introducing new A4 pine frames from Memorie. Suitable for photographs or certificates, each frame is crafted from real pine with a clear varnish to highlight the wood grain. With a guide price of £2.99, the pine frames are available from Swains in a pack of fives for £9.06 BCP – equating to an EBCP of £1.81 per frame.

Swains is also launching a new edition of its electronic product price list – version 1.2. This enables retailers to print off product information from the price list for quick reference, and also offers the option of adding messages to each order.

Swains' trade show – the UK's only photographic, video and digital imaging trade event – takes place on October 5 in Hunstanton, Norfolk. Among the new products at the show will be Kodak's 6000 series digital camera range; Polaroid Digital's MiniPortrait system – an all in one digital camera and thermal system, ideal for the photo ID market, and battery chargers from GP batteries. This will also be one of the first opportunities to see the new digital cameras introduced just in time for Christmas including Casio's ZOOM and SiPix's latest digital movie cameras that retail at under £100. The show also sees the launch of Swains' new 52-page autumn/winter gift guide. Further information is available on 0845 4504242 or by emailing *sales@swains.co.uk*

Swains has introduced a new product brochure which contains the entire collection of Memorie photo albums and accessories. The brochure has a picture of each product listed with details of sizes and finishes as well as guide prices. In-store point of sale including carrier bags and picture hooks can also be ordered from the brochure. For a copy contact Swains, tel: 0845 4504242.

You can make higher profits from digital

Regulating pharmacy support staff

With the Royal Pharmaceutical Society demanding mandatory standards for dispensers and medicines counter assistants, project manager for support staff regulation Janet Flint outlines what will be involved

In December 2001, the Society's Council decided that, as part of its modernisation process, it should move towards the mandatory regulation of pharmacy support staff.

Decisions were made in response to both Government pressure for healthcare reform and the risk that the Government would approach the Health Professions Council to take on this role if the Society had not acted.

This article looks at staff groups that will be affected; explores the background to the decisions; and outlines developments since the decision was taken.

Pharmacy technicians: a pharmacy technician is defined as a person who has satisfactorily completed a S/NVQ level 3 Pharmacy Services training or equivalent certificated programme of training. The S/NVQ level 3 is currently recommended, but pharmacy technicians hold other qualifications, including the City & Guilds Dispensing Technicians Certificate, Society of Apothecaries Certificate or the BTEC National Certificate.

Two main categories of staff will be involved:

Dispensers/dispensary assistants: most dispensers will have completed on-the-job training for work in the dispensary. A proportion will have completed a certificated, nationally recognised course.

Medicines Counter Assistants: the Society set a precedent in 1996 when it introduced a requirement that any medicines counter assistant delegated authority to sell medicines under a protocol should have taken, or be taking, an accredited course. Courses are accredited by the College of Pharmacy Practice and are knowledge-based, covering the sale of OTC medicines and the provision of customer information on symptoms and products.

Pharmacies that have invested in trained and competent staff will be better placed to deliver the enhanced services envisaged in new contracts

The reasons for change can be put into two categories: regulatory reform and professional aspiration.

Regulatory reform: the work environment in healthcare today is more challenging than ever. The public rightly expects the highest standards of treatment delivered by a competent workforce. A number of high profile incidents, including Shipman and Bristol, prompted the Government to embark on a programme of regulatory reform that will impact on all healthcare workers. The Society has taken a pro-active stance, faced with the risk that, if it had not acted, the regulation of pharmacy support staff – particularly pharmacy technicians – would have fallen to the Health Professions Council. The Society has sought views on this issue from pharmacists and other stakeholders, including technicians, and most agree it is in the profession's best interests for all members of the pharmacy team to be regulated by a single body.

The Society is not the only organisation to have chosen this route. The General Dental Council, for example, already registers dental hygienists and dental therapists. Regulation is to be extended to six other professions complementary to dentistry, including dental nurses, from 2004 onwards.

Professional aspirations: the profession's aspirations for new and enhanced roles within the healthcare team have led pharmacy bodies and Government health departments to look at skill mix issues.

There has been much debate about how to fully utilise the skills of pharmacy technicians, dispensers and medicines counter assistants to complement the pharmacist's developing role.

Within the hospital sector, using qualified staff to free up pharmacists' time has already led to expanded roles for pharmacy technicians in areas such as dispensing accuracy checking, clinical pharmacy, medicines management and aseptic manufacture. Some of these developments are being extended into the community sector and this trend is likely to continue.

So how will each category of staff be regulated?

Pharmacy technicians: the Society announced its intention to register and regulate pharmacy technicians in December 2002 and has approval to progress its proposals. But legislation is needed before they can be fully implemented.

This will be drafted over the coming months and will be subject to a public consultation towards the end of the year. Assuming the Society can proceed, the educational standard for registration from 2007 onwards will be the Pharmacy Services S/NVQ level 3. This must include successful completion of a programme of accredited underpinning knowledge.

The regulatory framework for pharmacy technicians will mirror the new regulatory framework for pharmacists. This means registered technicians will have to comply with a code of ethics and undertake CPD in order to remain on the register.

To make a distinction between registered and non-registered dispensary staff, the title "pharmacy technician" will be protected in law so only those who are registered can use it. The new fitness to practise procedures for pharmacists will also apply to technicians in situations where complaints are made or evidence is presented that a technician's fitness to practise has been impaired.

Transitional arrangements will allow those with previously recognised pharmacy technician

qualifications to register. Technicians in this category who wish to register will need to do so during the transitional period, likely to run from January 1 2005 to December 31, 2006.

The Society is finalising a list of qualifications that will be acceptable under the transitional, or "grandparent", arrangements, and the final list is likely to include the following:

- S/NVQ level 3 in Pharmacy Services (without underpinning knowledge accreditation)
- BTEC National Certificate in Science (pharmaceutical)
- BTEC National Certificate in Applied Science (pharmaceutical)
- BTEC National Certificate in Pharmacy Services
- SCOTEC National Certificate in Pharmaceutical Science
- SCOTVEC National Certificate in Pharmaceutical Science
- SQA National Certificate in Pharmaceutical Science
- City & Guilds of London Institute, Dispensing Technicians Certificate
- Certificate of the Society of Apothecaries
- Dispensing Certificate of the Royal Army Medical Corps or the Royal Air Force.
- NPA two-year Dispensing Technicians correspondence course completed prior to 1998 (S/NQA level 3 has been available from the NPA since 1998).
- Boots two-year dispenser training programme completed prior to 1993.

Dispensers who completed the Boots dispenser training programme from 1993 onwards will have to undertake an accredited top-up training programme before they can register. This programme is currently under development.

Those without an approved qualification will have to complete the S/NVQ level 3 in Pharmacy Services in order to register. A process known as accreditation of prior learning (APL) may enable them to "fast track". More information on this is available from training providers.

Separate processes are being developed for those with qualifications gained overseas (including overseas pharmacists working as technicians) and anyone falling into this category should contact the Society for advice.

There has been speculation recently about the costs associated with technician regulation and legal implications for registered technicians in light of their change in status. The Society's position is that the process must be cost neutral, meaning setting up costs will be recovered over a period of time. This policy has implications for technicians and/or their employers who will be required to pay registration and retention fees and those involved in national contract negotiations will need to bear this in mind.

As far as legal implications are concerned, the Association of Pharmacy Technicians UK is seeking an independent legal opinion. This work will be available by the autumn and the APTUK will share the results with the Society. The Association intends to issue clear advice to technicians on the subject of personal and professional liability insurance once they have a clear legal position.

The title 'pharmacy technician' will be protected in law so only those who are registered can use it

Minimum standard for dispensary support staff: the Society announced in February 1999 that it would introduce a professional requirement from 2005 for a minimum standard of competence for those involved in the dispensing process. This decision was reconsidered in 2002 as part of the discussions on support staff regulation.

Most of the pharmacy organisations consulted felt that, while they could support the regulation – including registration – of pharmacy technicians, full regulation of other groups of staff would not be appropriate. They concluded that current policies for regulating the environment through professional requirements for standard operating procedures and minimum standards of training and competence would continue to be appropriate.

So, from January 2005, pharmacists will have a professional obligation to ensure that all staff involved in assembling prescriptions, including the generation of labels, are competent to a minimum standard equivalent to the new Pharmacy Services S/NVQ level 2 qualification or are undertaking training towards this.

The Council has accepted advice from employers and training providers that, as long as staff are competent to perform their roles and responsibilities, they do not all have to undertake the full S/NVQ qualification. It has also taken account of the current range of training methods which means there will be several ways of complying with the new standard.

Existing staff will not have to undertake further training if they meet the requirements of a "grandparent clause" between January 2004 and the end of December 2005.

Employers will have to complete a declaration for each staff member who falls into this category, a copy of

Continued on page 38

Using the skills of pharmacy technicians, dispensers and medicines counter assistants will complement the pharmacist's developing role

Medicines counter assistants have to undertake an accredited course

which must be sent to the Society.

Staff will be exempt from further training under the clause if they have:

- previously completed an approved dispensary assistant's course. The Society is in the process of identifying courses that have been available for dispensers over the past few years. Course content will be examined to ensure the appropriate areas are covered and a list will be published as soon as possible; and/or
- undertaken an assessment of competence by a supervising pharmacist against the standards contained in the relevant units of the Pharmacy Services S/NVQ level 2. It is likely that the assessment of competence will be similar to that developed for pre-registration trainees.

The Society is aiming to make the documentation and guidance necessary to support this process available by the end of the year.

New staff: from 2005, new staff, or staff new to a role within the dispensary, will have to complete a training programme. This can be one of the following:

- S/NVQ level 2 in Pharmacy Services.
- Units of the S/NVQ level 2 that are relevant to the assistant's roles and responsibilities.
- A training programme accredited to be of an equivalent level to S/NVQ level 2
- Units of an accredited training programme equivalent to S/NVQ level 2 and relevant to dispensary assistant responsibilities.

The Society is in the process of appointing a body to accredit the non-S/NVQ courses and the first courses are likely to be submitted for accreditation towards the end of the year.

It is encouraging that most pharmacy bodies have welcomed the Society's proposals, recognising the opportunities that will be created for pharmacists through better use of pharmacy staff.

Pharmacies that have already invested in trained and competent staff will be better placed to deliver the enhanced and additional services envisaged in new contracts. The regulatory framework for pharmacy technicians will ensure this group is equipped to provide additional support to pharmacists in their expanded roles.

At the same time, the public and Government can be assured that mechanisms are being put in place to minimise the risks associated with changing working practices.

Contacts

Medicines counter assistants:
Angela Canning (tel: 020 7572 2412, *acanning@rpsgb.org.uk*).

Dispensers/dispensary assistants:
Sadia Khan (tel: 020 7572 2537, *skhan@rpsgb.org.uk*).

Pharmacy technicians:
Janet Flint, (tel: 020 7572 2410, *jflint@rpsgb.org.uk*).

Information on training providers registered to provide the Pharmacy Services S/NVQs is available from:
City and Guilds (tel: 020 7294 2677, *www.city-and-guilds.co.uk*)
Edexcel (tel: 0870 240 9800, *www.edexcel.org.uk*).
Scottish Qualifications Authority (tel: 0141 242 2214, *www.sqa.org.uk*).

Information on the Association of Pharmacy Technicians UK is available from Julie Mathieson (Secretary) on 01978 727027 or Darren Leech (President) on 020 7737 4000 ext 2184, *www.aptuk.org*

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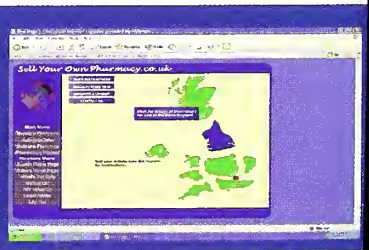

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The Department of Health has announced the chairmen of the eight task groups looking at patient choice. The new chairmen are: for primary care – **Delyth Morgan**, chief executive, Breakthrough Breast Cancer; mental health – **Cliff Prior**, chief executive Rethink; emergency care – **Mike Deegan**, chief executive Central Manchester NHS Trust; elective care – **Neil Goodwin**, chief executive Greater Manchester SHA; older people – **Thelma Holland**, chief executive South West Peninsula SHA, and **Terry Butler**, director of Social Services Hampshire County Council; children's health – **Bernard Crump**, chief executive Shropshire and Staffordshire SHA; people with continuing, long-term conditions – **Peter Cardy**, chief executive Macmillan Cancer Relief; and maternity care – **Carolyn Regan**, chief executive North East London SHA.

Pharma Nord has recruited research nurse **Rebecca Dixon** to co-ordinate the company's clinical trials, and particularly the new ANTOX trial in seven hospitals over the next two years.

Vernalis Group has appointed **Tony Weir**, finance director of British Biotech as a director of Vernalis. This follows the resignations of **George Kennedy**, **Carol Ferguson**, **Peter Read** and **Marvic Jaffe** as non-executive directors of Vernalis. Mr Kennedy joins the board of British Biotech as deputy chairman and Ms Ferguson and Dr Read join as non-executive directors.

Fed up with 118 already?

The advertising of those new 11 numbers when you never used to phone Directory Enquiries in the past just shows how much money those phone companies are actually making. And being British, it also gives the populace something new to moan about.

Pity the poor person somewhere in Scotland who wrote to the *Daily Record* recently. It seems that the operators are having a problem with a certain well known pharmacy chain. As the "name and address supplied" writer puts it: "I work in a Lloydspharmacy and we have had several calls from people who were supposed to be put through to Lloyds-TSB Bank."

We have had our own experiences here in the *C&D* office. Trying to obtain a number for one of Pfizer's sites, and having spelt it out very carefully, the first number we were given put us in touch with interior furnishing company Fired Earth.

When our reporter phoned back and repeated the request, spelling it out with even more carefully enunciated letters, (and demanding that this time she should not be charged for the privilege of having been given the wrong number previously), she found she was able to call a Caesar's Pizzeria.

Another case, looking for Cambridge PCT while its website was down, elicited the response "Where?" and "Which county is that in?" followed by "Is it a primary school?" followed by "Is it part of the council?"

Not surprisingly, the number given was Cambridge County Council's. Now what was that Hitchcock thriller *Dial M for Murder* all about?

Easing your passage

Oh for the lack of sensitivity about matters proctological. Those living the other side of the Channel never seem to shy away from confronting what the Brits find particularly embarrassing.

Take this for example, seen during the summer sojourn proudly displayed across six tracks of Berlin's Ost Bahnhof. As trains cross the continent, 'neath the station's iron span, Togal proudly advertises its wares: "Tabletten + Zäpfchen in Ihrer Apothek." This translates as: "Tablets and suppositories in your pharmacy." And in letters two feet high. Not for nothing is this page called *Back issues* ...

The château life

Rochdale pharmacist Graham Hibbens, who owns Brierfield Pharmacy in Brierfield, just down the road from Nelson in Lancashire, is the latest winner of our Pharmacy Travel monthly draw (*see opposite*). His prize is a luxury weekend for two at the magnificent Château de Tilques, just outside the town of St Omer, with the Channel crossing thrown in for good measure.

Yeeuch! – it's penicillin

To commemorate the 75th anniversary of the discovery of penicillin, the Royal Society of Chemistry has been having fun with a competition.

It has been looking for the UK's "most spectacular accidental growth of green gunge to be found in a discarded cup of coffee in the British workplace". To avoid accusations of bioterrorism by mail, the RSC has been asking for pictures only of the aforementioned mugs, adding that any colour of growth was admissible.

A short entry period of a week was set to prevent wholesale manufacture of a variety of pathogens but the person responsible for the prize winning growth will be rewarded with an evening of local culture. Is it coincidence that the RSC shares its initials with that other seat of culture, the Royal Shakespeare Company?

Entrants were warned that the culture on the top of the leftover coffee should be clearly discernable in the submitted images. This should help rule out the easily confused appearance of a dead mouse floating in the coffee as was experienced in a condemned student flat in Hulme, Manchester.

C&D's promising entry

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There is much to discover in Jersey and no doubt you will also dine exceptionally well as the standard of cuisine, liberally sprinkled with local specialities, is renowned. Lovers of sea food will be in their element but there's something for every taste – including the famous cream teas. The capital St Helier boasts museums, beautiful parks, historic sights and excellent tax-free shopping.

All this, and you don't have to worry about passports or foreign currency!

The prize is for a couple sharing a twin/double room and it can be taken any time between 01 March and 31 May 2004 (subject to availability). It includes return flights from Gatwick, Luton or Southampton (or return sea travel with Condor Ferries from Poole or Weymouth); accommodation in a centrally situated St Helier hotel for three nights, breakfast and tax/service charges.

Rules 1. This competition is open to any pharmacist or permanent member of staff who works at an address which receives either *Chemist & Druggist* or *Community Pharmacy* 2. Competitors may enter through *C&D* or *Community Pharmacy*, but may only submit one entry. Double entry will disqualify both entries 3. Entries must be on an original coupon from *C&D* or *Community Pharmacy*, and to be eligible for the prize entrants must correctly answer the question on the coupon 4. The prize offered will be as stated. No alternative holidays or cash prizes will be offered 5. Names of winners will be published in *C&D* and *Community Pharmacy* 6. In any dispute, the decision of CMP Information Pharmacy Group's publishing director will be final and no correspondence will be entered into 7. Employees of CMP Information Ltd, Travel Clubs International and trading divisions and their immediate families are forbidden to enter 8. No purchase is necessary to participate 9. The closing date for this month's competition is as printed on the entry coupon

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A

Signature

Name

Pharmacy address

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